

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20,	Chapter 10, Part 1, MCA	A. School dis	strict official must complete	one form for ea	ach bus route that	
receives state reimbursement e		ortees of another legal e	entity may ut	ilize the services.		Rate Per Mile	
Due Date : All Routes			ounty Supt ober 1	To OPI October 15		\$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Route	(miles per day)		Service Bus Route M	•	Rated Capacity	
60-016 46			Bus R	□ Non Bus Mile coute Mileage	eage	71	
Vehicle I.D. # License #			□ District	Owned	Contractor C		
4214	4214 4725			ct - If so, Name of Owner cted rate per mile	First Studen	t Cinc —	
Reimbursement Distribution- Er				oaid to each dis	trict. Note: Percentages		
Legal Entity	Legal Entit		atch budget Legal E		Legal Entit	у	
0966							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a		b		С	
Regular (include eligible Preschool/I	Kindergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderd							
Nonpublic School Riders (ineligible)	garton nacio)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for bus operates on the route as ap	proved by and wit						
Signature - Chair, Board of Trustees	3				Date		
County This Application for Registration area assigned to it by the Coun	of School Bus an	d State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transport		Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						one form for e	ach bus route that
Due Dates All Routes	-	•	To C	ounty Sup ber 1			Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length of Route (miles per day)			Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity
24-008 68				Bus R	Route Mileage	Ü	71
Vehicle I.D. # 5486	Vehicle I.D. # License # 5486 7764				t Owned (ct - If so, Name of Owner I cted rate per mile	Contractor (First Studer	
Reimbursement Distribution- Ent	ter the lega	al entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0966	Leg	jal Entity		atch budget Legal E		Legal Entit	ty
% 100.00	(%		%		%	
PASSENGER INFORMATION							_
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER	b NUMBER	
Regular (include eligible Preschool/Ki riders)	indergarten	1	HOMBLIK		HOMBER		a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance)					
TOTAL RIDERS							
This Application for Registration area assigned to it by the County	of School / Transpor	Bus and rtation C	d State Reimbursement		accordance with Section a eviewed and I certify that this		
Signature - Chair, County Transporta	tion Commi	ittee				Date	



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receives state reimbursement e Due Date: All Routes	ven though trans	portees of another legal e		lize the services.	te one form for e	Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Rout	e (miles per day)		Service Bus Route	Mileage	Rated Capacity	
50-001	72.1		Buo D	□ Non Bus M	lileage	71	
Vehicle I.D. #	License #			oute Mileage Owned	Contractor		
4091	7769			ct - If so, Name of Owner cted rate per mile	First Stude	nt Clnc	
Reimbursement Distribution- Er	nter the legal enti		e of state/co		e paid to each di	strict. Note: Percentages	
Legal Entity 0966				ntity	Legal Ent	ity	
% 61.00	% 3	39.00	%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBE	R	c a + b	
Regular (include eligible Preschool/liriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance						
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		and a supportation of		grow wy the county in	Date		
County This Application for Registration area assigned to it by the Coun	of School Bus a						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of					lete one form for e	each bus route that	
	-					Rate Per Mile	
Due Date All Routes		To Co Octol	ounty Supt per 1	t To OPI October 1	5	\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Rout	e (miles per day)		Service Bus Rout		Rated Capacity	
70-009	68		Bus R	□ Non Bus Coute Mileage	Mileage	65	
Vehicle I.D. #					Contractor		
4112	7820			ct - If so, Name of Own cted rate per mile	er First Stude	nt Clnc	
Reimbursement Distribution- E	nter the legal enti		of state/co		be paid to each di	strict. Note: Percentages	
Legal Entity	Legal Ent		Legal E		Legal Ent	ity	
0966							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOC (Grades		TOTAL ELIGIBLE RIDERS	
riding this route		,		,	,		
		a		b		c _.	
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMB	EK	a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinder							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	vill operate entirely o	on the route established by the	Board of Tru	istees and within the transi	portation area assign	ned and approved by the	
County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice.	We further certify thous and bus route by meets the minimum	nat this bus transports pupils el y the State Superintendent; to n standards as established by	igible for sch make such r the Board of	nool transportation as define eports to the State Superin Public Education, the Mon	ed by 20-10-101, Mo tendent and County tana Highway Patrol	CA. Superintendent as are	
We also agree to refrain from so We understand that violations of this bus route.					withholding of state a	and county reimbursement for	
We agree that if this route crossor the school boards of both districts s					between Boards, 20	-10-126(2) MCA, signed by	
We understand route changes o accordance with 20-10-132, MCA.	ccurring during the s	school year require the filing of	an amende	d TR-1 form and approval of	of the County Transp	ortation Committee in	
I certify that this application for bus operates on the route as a							
Signature - Chair, Board of Trustee				5 , 	Date		
	T				1 00 40 400 55		
This Application for Registration area assigned to it by the Coun	n of School Bus a						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even						e one form for e	ach bus route that
Due Dates: All Routes	:		To Co	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.36
County Name		County Number	er	District	Name		Legal Entity Number
Yellowstone		56			s Public Schools		0965 0966
Route #	Length of F	Route (miles per day)		Type of	Service ☐ Bus Route ☐ Non Bus M		Rated Capacity
	54.9			Bus R	oute Mileage	_	65
Vehicle I.D. # 4113	Ehicle I.D. # License # 7819				ct - If so, Name of Owner	Contractor (First Studer	
	Reimbursement Distribution- Enter the legal entity number and percentage of the second			of state/co		paid to each dis	strict. Note: Percentages
Legal Entity	r			tch budget Legal E		Legal Enti	ty
0965							
% 100.00	%			%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTAF (Grades		₹\$	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
		a			b NUMBEI		c a+b
Regular (include eligible Preschool/Ki riders)	Regular (include eligible Preschool/Kindergarten				NONBLI	`	a+b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	nce						
TOTAL RIDERS							
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This Application for Registration	of School B	us and State Reimburs			accordance with Section viewed and I certify that the		
area assigned to it by the County Signature - Chair, County Transportat						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates	s:		To Co	ounty Supt	То	ОРІ		Rate Per Mile	
All Routes	i		Octob	er 1	Oct	tober 15	;	\$1.57	
County Name			County Number	District Na	ime			Legal Entity Number	
Yellowstone			56		Public Scho			0965 0966	
Route #	Length	of Route	(miles per day)	Type of Se	ervice 🗆 Bu			Rated Capacity	
48-003	56			Bus Rou	וו ⊔ ute Mileage	on Bus Mileag	je	71	
Vehicle I.D. #	L	icense #		□ District O			ontractor C		
4214	4	725			- If so, Name o		rst Studen	t Clnc —	
Reimbursement Distribution- En	nter the l	egal entity		of state/count	ty reimbursem	nent to be pai	d to each dis	trict. Note: Percentages	
Legal Entity	L	egal Entit		Legal Entit	ty		Legal Entity	1	
0965									
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	1110110	ACLICAL DID	ED0	TOTAL	
Number of Preschool/Kindergar	ten pupi	Is	ELEMENTARY RIDER (Grades PK-8)	3		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
riding this route									
			a NUMBER			b NUMBER		C	
Regular (include eligible Preschool/h	Kindergar	ten	NOMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		oro)							
Nonpublic School Riders (ineligible)	janten nut	515)							
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee.	We furthe	er certify tha	t this bus transports pupils eli	igible for school	I transportation	as defined by 2	0-10-101, MCA	Α.	
We agree to supervision of this b required; to provide a vehicle which	meets the	e minimum s	standards as established by t	he Board of Pu	blic Education, t	the Montana Hi			
Superintendent; and to provide a lice We also agree to refrain from soli	iciting or o	causing oth	ers to solicit students from oth	her transportation	on areas.		d:		
We understand that violations of this bus route.				•			J	•	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.									
We understand route changes of accordance with 20-10-132, MCA.	We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		-	•		-		Date		
County 3	Fransno	rtation C	ommittee Approval as re	aquired in ac	cordance wit	h Section 20	-10-132 MC	Δ	
This Application for Registration area assigned to it by the Count	of Scho	ool Bus an	d State Reimbursement h						
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						one form for e	ach bus route that	
Due Dates All Routes	•	·	To C	ounty Sup			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	# Length of Route (miles per day)			Type of	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity	
70-102				Bus R	Route Mileage	Ü	71	
Vehicle I.D. # 4217	/ehicle I.D. # License # 7850				t Owned (ct - If so, Name of Owner cted rate per mile	Contractor (First Studer		
Reimbursement Distribution- Ent	ter the lega	al entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0966	Lega	al Entity		atch budget Legal E		Legal Entit	у	
% 100.00 %				%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Ki riders)	indergarten		NONDER		NOWIDER		u + 5	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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County To This Application for Registration area assigned to it by the County	of School I	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



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This form is required in accorda receives state reimbursement e							ne form for ea	ach bus route that
Due Dates All Routes	s:		•	ounty Sup	t To	OPI ctober 15		Rate Per Mile \$1.36
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Dilling	o Dublio Sob	Public Schools		0965 0966
Route #	Length of	Route	(miles per day)			us Route Mile	age	Rated Capacity
70.007			(,		□ Non Bus Mile			
70-007 Vehicle I.D. #	56.4			-	toute Mileage		1 6	65
2204	D. # License # 4615		□ Contra	: Owned ct - If so, Name	of Owner Fi	ontractor C rst Studen		
Reimbursement Distribution- Er			number and percentage		cted rate per mil		d to each dis	strict. Note: Percentages
Legal Entity	l ea	al Entity		tch budget Legal E			Legal Entit	
0966	Leg	ai Liilliy	,	Legai L	Titity		Legal Ellil	y
0/ 400.00		N/		0/			0/	
% 100.00 PASSENGER INFORMATION		<u>%</u>		%			%	
		T	ELEMENTARY RIDE	RS		SCHOOL RID	ERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)		(0	Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/Friders)	Kindergarten		-			-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees			p =				Date	
County This Application for Registration			ommittee Approval as red State Reimbursement I					
area assigned to it by the County Signature - Chair, County Transport			Committee.			Т	Date	•
orginature - Orian, County Transport	auon Commi	uce					Date	



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This form is required in accordan receives state reimbursement even							
Due Dates: All Routes	:		To Co Octob	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	er	District	Name		Legal Entity Number
Yellowstone		56			s Public Schools		0965 0966
Route #	Length of R	oute (miles per day)		Type of	Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity
				Bus R	oute Mileage	Ŭ	71
Vehicle I.D. # License #				□ District		Contractor C	
4215 7832			1	□ Contra	ct - If so, Name of Owner I cted rate per mile		
Reimbursement Distribution- Ente	er the legal e			of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0966	Legal			Legal E		Legal Entit	у
% 100.00 %				%		%	
PASSENGER INFORMATION							_
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTAF (Grades		RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		а			р		C
Regular (include eligible Preschool/Ki	ndergarten	NUME	BEK		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
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Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees						Date	
This Application for Registration of area assigned to it by the County	of School Bu Transportat	is and State Reimburg tion Committee.			accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transportat	tion Committee	e				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D. (D. Mil	
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes			Octob	er 1		October 15		\$1.57
County Name			County Number	District N	Name			Legal Entity Number
Yellowstone			56		Billings Public Schools			0965 0966
Route #	Length o	gth of Route (miles per day)				☐ Bus Route Mil		Rated Capacity
41-352	34.4			Bus Ro	oute Mile	□ Non Bus Milea age	ige	71
Vehicle I.D. #	Lic	ense #		□ District 0			Contractor C	
4203	47	'50			t - If so, Na ted rate pe	me of Owner F	rirst Studen	t Clnc
Reimbursement Distribution- En	iter the leg	gal entity		of state/coutch budget!		rsement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity	Le	gal Entity		Legal En			Legal Entit	у
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDET		1.114	011 0011001 011	2500	TOTAL
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDEF (Grades PK-8)	3	HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kindergarte	n	-			-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		(2						
Nonpublic School Riders (ineligible)	jarten naere	3)						
TOTAL RIDERS								
Makes best Control of the Control		.0.1	0 ((D l . (T		0.1.0.1		
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We further ous and bus	certify that route by t	this bus transports pupils eli he State Superintendent; to i	igible for scho make such re	ool transporta	ation as defined by State Superintende	20-10-101, MC nt and County S	A. Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli	ensed, quali iciting or ca	ified and a using othe	approved driver to operate su ers to solicit students from oth	ich vehicle as her transporta	required by ation areas.	20-10-103, MCA.		
We understand that violations of this bus route.		·	3	·			· ·	•
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		and Will	iii ule transportation ser	vice area as	signed by	uie County Trans	Date	mmuee.
County 1 This Application for Registration area assigned to it by the Count	of Schoo	l Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e			ner legal enti	ty may uti	lize the serv			Rate Per Mile
Due Date All Routes			To Cou Octobe	inty Supt er 1		To OPI October 15		\$1.57
County Name		County Num	ber	District	Name			Legal Entity Number
Yellowstone		56		Billing	s Public S	Schools		0965 0966
Route #	Length of F	Route (miles per day))		Service [☐ Bus Route Mil☐ Non Bus Milea		Rated Capacity
70-002	35			Bus R	oute Mile		age	71
Vehicle I.D. #	icle I.D. # License #			District			Contractor (
4206	1206 4734				ct - If so, Na cted rate pe	me of Owner Frmile	-irst Studer	
Reimbursement Distribution- Er	nter the legal	entity number and p	ercentage o must mate			rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	must mate	Legal Er			Legal Entit	у
0966								
% 100.00	%			%			%	
PASSENGER INFORMATION							DED0	T0711
Number of Preschool/Kindergar riding this route	ten pupils		ARY RIDER: es PK-8)	S	HIC	GH SCHOOL RI (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a MBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten	NO.	VIDEIX			NOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date								
		on Committee App						
This Application for Registration area assigned to it by the Count			ursement ha	s been re	viewed and	I certify that this	bus operates	within the transportation
Signature - Chair, County Transport	ation Committe	<u></u>					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that	
		gii tianspo	· ·	, ,				Rate Per Mile	
Due Date All Routes			To Co Octol	ounty Supt per 1	:	To OPI October 15		\$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone			56	Billing	s Public	Schools		0965 0966	
Route #	Length of	of Route (miles per day)		Service	□ Bus Route Mil		Rated Capacity	
70-012	61.4			□ Non Bus Mileag Bus Route Mileage			age	71	
Vehicle I.D. #	License #				Owned	_	Contractor C		
4217	7850			□ Contra		ame of Owner F			
Reimbursement Distribution- Er	nter the le	gal entity				ursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Le	egal Entity		tch budget Legal E			Legal Entit	у	
0966									
% 100.00 PASSENGER INFORMATION	_	%		%			%		
		1	ELEMENTARY RIDE	RS	Н	IGH SCHOOL RI		TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	5	(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergarte	en							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kindero		~)							
Nonpublic School Riders (ineligible)		5)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
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bus operates on the route as approved by and within the transportation service area assigned by the Consideration of School bus operates on the route as approved by and within the transportation service area assigned by the Consideration Signature - Chair, Board of Trustees						the County Trans	sportation Cor	mmittee.	
Signature Orian, Doard or Trustees	•						Date		
This Application for Registration	of Schoo	ol Bus and							
area assigned to it by the Count Signature - Chair, County Transport			ommittee.				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex								
Due Dates All Routes	::		County Supt ober 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of Rou	te (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity		
33-004 Vehicle I.D. #	44.6	ш	1	toute Mileage	-	65		
9915	License a	7		: Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor C First Studen			
Reimbursement Distribution- En	ter the legal en		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0965	Legal Er		Legal E		Legal Entit	У		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	indergarten	NOMBER		NOMBER		a · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIBERO								
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I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees					Date			
County T This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even		,			•			
Due Dates : All Routes	:			ounty Sup	To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route # Length of Route (miles per day)			(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile:		Rated Capacity	
50-007 Vehicle I.D. #	24	2222#		1	Route Mileage		65	
9908	460	ense # 04			: Owned Ct - If so, Name of Owner Coted rate per mile	Contractor C First Studen		
Reimbursement Distribution- Ent	er the leg	al entity		e of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Leg	gal Entity 09		atch budget Legal E		Legal Entit	у	
% 37.00		% 63.	00	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Ki riders)	indergarten	1	NOMBLIX		NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince	3)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as app Signature - Chair, Board of Trustees	proved by	and with	nin the transportation se	rvice area a	ssigned by the County Tran	sportation Cor Date	nmittee.	
This Application for Registration area assigned to it by the County	of School / Transpo	Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transportat	tion Comm	ittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev	en though tra	ansportees of another le	egal entity may ut	ilize the services.	pioto ono iomi io	D. (D. M.)			
Due Dates	»:		To County Supt			Rate Per Mile			
All Routes			October 1	October	15	\$1.57			
County Name		County Number	District	Name		Legal Entity Number			
Yellowstone		56	Billing	s Public Schools		0965 0966			
Route #	Length of Ro	oute (miles per day)		Service Bus Rou		Rated Capacity			
50-002	45.3		Bus R	□ Non Bus oute Mileage	s Mileage	71			
Vehicle I.D. #	License	e #	□ District	Owned	Contracto				
7695	3686			ct - If so, Name of Ow cted rate per mile	ner First Stud	dent Clnc			
Reimbursement Distribution- En	ter the legal e		entage of state/co		be paid to each	district. Note: Percentages			
Legal Entity	Legal I	Entity	Legal E		Legal E	Entity			
0966		0965							
% 22.00	%	78.00	%		%				
PASSENGER INFORMATION		EL EMENTA DV	(DIDEDO	111011 00110	OL BUDEDO	TOTAL			
Number of Preschool/Kindergart	en pupils	ELEMENTARY (Grades P	_	HIGH SCHO (Grades		TOTAL ELIGIBLE RIDERS			
		а		b		c			
Regular (include eligible Preschool/K	Lindergarten	NUMBE	:K	NUM	REK	a + b			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg									
Nonpublic School Riders (ineligible)	arteri fidera)								
TOTAL RIDERS									
\A/a bassa bassatif that this bassati			d booth a Dagad of Too			in a decrease decrease de la constantina della c			
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but	Ve further certifus and bus rout	y that this bus transports pe by the State Superintend	oupils eligible for sch dent; to make such re	ool transportation as defi eports to the State Super	ined by 20-10-101, intendent and Cou	MCA. nty Superintendent as are			
required; to provide a vehicle which r Superintendent; and to provide a lice We also agree to refrain from solin We undestand that violations of	nsed, qualified citing or causing	and approved driver to ope g others to solicit students	erate such vehicle a from other transport	s required by 20-10-103, ation areas.	MCA.				
We understand that violations of t this bus route.			·		J	•			
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
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bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date									
o.gataro onari, board or riustees					Baic				
County T This Application for Registration area assigned to it by the Count	of School Bu								
Signature - Chair, County Transporta					Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven th	nough transp	ortees of another legal e	ntity may u	tilize the services.			Rate Per Mile
Due Dates All Routes				ounty Sup	t To OPI Octobe			\$1.57
County Name			County Number	Distric	Name			Legal Entity Number
,			•					
Yellowstone Route #	56 Length of Route (miles per day)				gs Public Schools f Service □ Bus R		0965 0966 eage Rated Capacity	
		giii oi Roule	(ITILES per day)	Type C	□ Non B			
33-002	24			Bus F	Route Mileage			71
Vehicle I.D. #		License #			t Owned		ontractor C	
4207		7778			act - If so, Name of O acted rate per mile	wner F	ırst Studen	
Reimbursement Distribution- En	iter the	e legal entity		e of state/co atch budge		to be pa		_
Legal Entity 0965		Legal Entit	у	Legal E	Entity		Legal Entity	/
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pu	upils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCH (Grad	lool RIE les 9-12)		TOTAL ELIGIBLE RIDERS
			a			b MBER		C
Regular (include eligible Preschool/k	Kinderg	garten	NUMBER		NU	MBEK		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Servic	ce						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	arten i	nders)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement f this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in								A. upperintendent as are ind the State d county reimbursement for 0-126(2) MCA, signed by
accordance with 20-10-132, MCA. I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		. y			J 22 27 212 300.	,	Date	15.5
County 7	Tranc.	nortation C	ommittee Approval co	oquired in	accordance with S	action 2	0_10_132 MC	Λ
This Application for Registration area assigned to it by the Count	of Sc y Trar	chool Bus an nsportation (bus operates	
Signature - Chair, County Transporta	ation C	committee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						one form for e	ach bus route that	
Due Dates All Routes	_		To C	ounty Supt			Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route # Length of Route (miles per day)			(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity	
67-601 25				Bus R	oute Mileage		65	
Vehicle I.D. # 1238		cense # 830			Owned C ct - If so, Name of Owner F cted rate per mile	Contractor (First Studer		
Reimbursement Distribution- Ent	ter the le	gal entity		of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Le	egal Entity		Legal E		Legal Entit	у	
% 100.00		%		%		%		
PASSENGER INFORMATION						5550		
Number of Preschool/Kindergarteriding this route	en pupils	S	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Ki riders)	indergarte	en	HOMBER		HOMBER			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance	rs)						
TOTAL RIDERS								
Nonpublic School Riders (ineligible)								
County To This Application for Registration area assigned to it by the County	of Schoo	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,					ne form for e	
Due Dates All Routes	:			County Sup ober 1		o OPI october 15		Rate Per Mile \$1.36
County Name			County Number	Distric	t Name			Legal Entity Number
Yellowstone			56		gs Public Sch			0965 0966
Route #	Length of I	Route	(miles per day)	Type	of Service	Bus Route Mile Non Bus Milea		Rated Capacity
33-031	25	.,		1 '	Route Mileag	е		65
Vehicle I.D. #	Licen				ct Owned act - If so, Name		ontractor (irst Studer	
1243	7849			□ Contr	acted rate per m	nile		
Reimbursement Distribution- En			must m	atch budge	et!	ement to be pa		
Legal Entity 0965	Lega	al Entity	/	Legal	Entity		Legal Enti	ty
% 100.00	%	, D		%			%	
PASSENGER INFORMATION	_		ELEMENTA DV DID	-00	111011	2011001 BIE	2500	TOTAL
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	:KS	_	SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/K riders)	indergarten		NOWBER			NOMBER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)	ance							
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten nuers)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as applications of the state of								
This Application for Registration area assigned to it by the County	of School E y Transport	Bus and ation C						
Signature - Chair, County Transporta	tion Committ	ee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev					te one form for e	ach bus route that
	-					Rate Per Mile
Due Dates All Routes	:		ounty Sup	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #				f Service Bus Route Non Bus M		Rated Capacity
70-651	0-651 25				lleage	65
Vehicle I.D. #	License	#	□ District		Contractor	
4114	7818			ct - If so, Name of Owner cted rate per mile	First Studer	nt Clnc
Reimbursement Distribution- En	ter the legal er		e of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal E	ntity	Legal E		Legal Enti	ty
0966		0965				
% 88.00	%	12.00	%		%	
PASSENGER INFORMATION	7,0					
Number of Preschool/Kindergart	en pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route		(0.0000)		(3.2.2.2.2	/	
		a		b		С
Regular (include eligible Preschool/K	indergarten	NUMBER		NUMBE	R	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga						
Nonpublic School Riders (ineligible)	arteri fiders)					
TOTAL RIDERS						
We hereby certify that this bus wil	Lanarata antiralı	on the route established by th	o Poord of Tr	ustons and within the transpo	rtation area assign	and and approved by the
County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which r Superintendent; and to provide a lice	Ve further certify us and bus route neets the minimum	that this bus transports pupils of by the State Superintendent; to Im standards as established by	eligible for schomake such root the Board of	nool transportation as defined reports to the State Superinte Public Education, the Montal	by 20-10-101, MC ndent and County na Highway Patrol	A. Superintendent as are
We also agree to refrain from solid We understand that violations of this bus route.					thholding of state a	and county reimbursement for
We agree that if this route crosses the school boards of both districts sh					etween Boards, 20-	10-126(2) MCA, signed by
We understand route changes occaccordance with 20-10-132, MCA.					the County Transp	ortation Committee in
I certify that this application for robus operates on the route as app						
Signature - Chair, Board of Trustees	proved by allu	within the transportation se	i vice alta a	issigned by the County 11	Date	mmucc.
County T This Application for Registration area assigned to it by the County	of School Bus					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1,	MCA. School	district officia	al must complete one fo	orm for eac	ch bus route that
						R	ate Per Mile
Due Dates All Routes			To County Son October 1	ıpt	To OPI October 15	\$	1.36
County Name		County Number	Distr	ict Name		L	egal Entity Number
Yellowstone		56	Billi	ngs Public	Schools		0965 0966
Route #	Length of F	Route (miles per day)		of Service	□ Bus Route Mileage	· F	Rated Capacity
59-601	25		Bus	Route Mile	☐ Non Bus Mileage eage	6	65
Vehicle I.D. #	Licens	se #	□ Dist	rict Owned	Conti	ractor Ov	
4115	7823	}		tract - If so, N tracted rate p	Name of Owner First per mile	Student	Clnc —
Reimbursement Distribution- Er	nter the legal		ntage of state		oursement to be paid to	each distr	ict. Note: Percentages
Legal Entity	Legal	Entity		Entity	Le	egal Entity	
0965							
% 100.00	%		%			%	
PASSENGER INFORMATION			_		_		
Number of Preschool/Kindergar	ten pupils	ELEMENTARY (Grades Pl		H	IIGH SCHOOL RIDERS (Grades 9-12)	S	TOTAL ELIGIBLE RIDERS
riding this route		,	,		,		
		a	_		b		c .
Regular (include eligible Preschool/k	Kindergarten	NUMBE	R		NUMBER		a + b
riders) 1st Wheelchair (WC)						-	
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderc						- 1	
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus wi	ill operate entir	ely on the route established	by the Board of	Trustees and v	within the transportation are	ea assigned	and approved by the
County Transportation Committee. \(Ve agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further cert us and bus rou meets the mini	ify that this bus transports ports by the State Superintendomum standards as establish	upils eligible for ent; to make suc ned by the Board	school transports to the of Public Educ	rtation as defined by 20-10 e State Superintendent and cation, the Montana Highw)-101, MCA. d County Su	perintendent as are
We also agree to refrain from sol We understand that violations of	iciting or causi	ng others to solicit students t	from other trans	ortation areas		of state and	I county reimbursement for
this bus route. We agree that if this route crosse	es district lines	and transports students from	n outside the dis	trict, a copy of t	the agreement between Bo	oards, 20-10	0-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.					and approval of the Coun	ty Transport	ation Committee in
I certify that this application for rous operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
	.	0	1 ' '			400 110	
This Application for Registration area assigned to it by the Count	of School B						
Signature - Chair, County Transporta					Date	е	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with receives state reimbursement even thou						one form for e	ach bus route that
	agii transpo	•					Rate Per Mile
Due Dates: All Routes		To Co Octob	ounty Supt per 1	:	To OPI October 15		\$1.36
County Name		County Number	District	Name			Legal Entity Number
Yellowstone		56	Billing	s Public S	Schools		0965 0966
	of Route (miles per day)		Service [☐ Bus Route Mi		Rated Capacity
47-602 25			Bus R	oute Mile	□ Non Bus Milea aαe	age	65
Vehicle I.D. #	icense #		□ District		•	Contractor (Owned
9909 4	1605			ct - If so, Na cted rate pe	me of Owner Frmile	First Studer	nt Clnc
Reimbursement Distribution- Enter the le	egal entity		of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
	egal Entity		Legal E			Legal Enti	ty
0965							
% 100.00	%		%			%	
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergarten pupil	ils	ELEMENTARY RIDE (Grades PK-8)	RS	HIC	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		(======================================			(0.00000	,	
		а			b		С
Regular (include eligible Preschool/Kindergart	ten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance							
agreement) (Include ineligible Preschool/Kindergarten ride	ers)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate	entirely on t	he route established by the	Board of Tru	ı ıstees and wit	hin the transportat	ion area assign	ed and approved by the
County Transportation Committee. We furthe We agree to supervision of this bus and bu							
required; to provide a vehicle which meets the Superintendent; and to provide a licensed, qui						Highway Patrol	and the State
We also agree to refrain from soliciting or of We understand that violations of the laws,	causing other	rs to solicit students from ot	her transport	ation areas.		olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosses district I	_		•			J	•
the school boards of both districts shall be atta We understand route changes occurring do accordance with 20-10-132, MCA.	ached to the	county superintendent's co	py of this doo	cument.	_		
I certify that this application for registration bus operates on the route as approved to							
Signature - Chair, Board of Trustees	by and willi	iii uie uansportation sei	vice alea a	ssigned by i	ine County Hall	Date	mmucc.
County Transpol This Application for Registration of Scho area assigned to it by the County Transp	ool Bus and						
Signature - Chair, County Transportation Com						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						plete one form for	each bus route that	
Due Dates All Routes		·		County Sup ober 1	To OPI October	15	Rate Per Mile \$1.57	
County Name			County Number	Distric	t Name		Legal Entity Number	
Yellowstone 56					gs Public Schools		0965 0966	
Route #	Length of	f Route	(miles per day)	Type	of Service □ Bus Rou □ Non Bus		Rated Capacity	
60-036	24.3			Bus	Route Mileage		71	
Vehicle I.D. #	Lice	nse #			ct Owned act - If so, Name of Owl	Contractor	Owned	
4130	778			□ Contr	acted rate per mile			
Reimbursement Distribution- En	iter the lega	al entity		ge of state/onatch budge		be paid to each d	istrict. Note: Percentages	
Legal Entity 0966	Leg	al Entity		Legal		Legal En	tity	
% 100.00	(%		%		%		
PASSENGER INFORMATION			ELEMENTARY RID	EDC	HIGH SCHO	OL BIDEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	EKS	(Grades		ELIGIBLE RIDERS	
			a NUMBER		b NUMI		c a + b	
Regular (include eligible Preschool/h riders)	Kindergarten		NOMBER		1401011	DEIX	u · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
Nonpublic School Riders (ineligible)	diterrinders,							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as ap Signature - Chair, Board of Trustees		and with	nin the transportation s	ervice area	assigned by the County	/ Transportation Co	ommittee.	
County 1 This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursemen		n accordance with Sec reviewed and I certify th			
Signature - Chair, County Transporta	ation Commi	ttee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda						one form for e	ach bus route that
receives state reimbursement e	ven though th	ansportees of another i	iegai entity may	utilize the s	services.		Rate Per Mile
Due Dates All Routes			To County S October 1	upt	To OPI October 15		\$1.57
County Name		County Number	Dist	ict Name			Legal Entity Number
Yellowstone		56	Billi	ngs Publi	c Schools		0965 0966
Route #	3			of Service	☐ Bus Route Mil☐ Non Bus Milea		Rated Capacity
33-654	25		Bus	Route M		J	71
Vehicle I.D. #	e #		rict Owned		Contractor (Owned	
1747	768A	1		tract - if so, tracted rate	Name of Owner per mile		
Reimbursement Distribution- En	iter the legal				bursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0965	Legal	Entity	nust match bud Lega	get: I Entity		Legal Entir	ty
% 100.00	%		%	ı		%	
PASSENGER INFORMATION		ELEVENE : -	/ DIDEES			DED0	T07::
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY (Grades F			HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
		a NUMBE	ER		b NUMBER		c a+b
Regular (include eligible Preschool/kriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten nders)						
TOTAL RIDERS							
We hereby certify that this bus with County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which superintendent; and to provide a licce. We also agree to refrain from soling We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts should be with the school boards of both districts should be with the school boards of both districts should be with the school boards of both districts should be school be school beautiful between the school boards of both districts should be school be school beautiful between the school beautiful beautifu	We further certius and bus rour ments the minimensed, qualified iciting or causing the laws, rules as district lines a nall be attached accurring during to	ry that this bus transports to by the State Superinten- mum standards as establis and approved driver to op- ing others to solicit students or regulations governing solicit students of the total transports students fro to the county superintend the school year require the	pupils eligible for dent; to make surshed by the Board berate such vehics from other transchool transportation outside the distent's copy of this e filing of an amerate.	school transp th reports to tl I of Public Edu e as required cortation area on will be suff trict, a copy o document. ided TR-1 fori	ortation as defined by the State Superintende ucation, the Montana by 20-10-103, MCA. is. ficient cause for withhous fithe agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20-	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		p		J		Date	
County 1 This Application for Registration area assigned to it by the Count	of School Bu						
Signature - Chair, County Transporta	, ,					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes	i		Octob	per 1		October 15	;	\$1.57
County Name			County Number	District I	Name			Legal Entity Number
Yellowstone					s Public S			0965 0966
Route #	Length	h of Route	(miles per day)	Type of		Bus Route Mile		Rated Capacity
60-002	39.1			Bus Ro	oute Milea	□ Non Bus Milea age	ge	71
Vehicle I.D. #	L	_icense #		□ District	Owned	C	ontractor C	
4211	7	7755			ct - If so, Na cted rate per	me of Owner F mile	irst Studen	t Clnc —
Reimbursement Distribution- En	nter the	legal entit		of state/cou		sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	I	Legal Enti		Legal Er			Legal Entity	У
0966								
% 100.00		%		%			%	
PASSENGER INFORMATION			EL EMENTA DV DIDE	DO.	1116	NI COLICOL DIE	NEDO.	TOTAL
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDE (Grades PK-8)	KS	HIC	GH SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		C
Regular (include eligible Preschool/k	 Kindergaı	rten	NOWBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda								
agreement)		1						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten rid	iers)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee.								
We agree to supervision of this be required; to provide a vehicle which re	meets the	e minimum	standards as established by	the Board of F	oublic Educat	ion, the Montana H		
Superintendent; and to provide a lice We also agree to refrain from soli						20-10-103, MCA.		
We understand that violations of this bus route.	the laws,	, rules or re	gulations governing school tra	ansportation v	vill be sufficie	nt cause for withho	lding of state ar	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sh			•			e agreement betwe	en Boards, 20-1	10-126(2) MCA, signed by
We understand route changes oc accordance with 20-10-132, MCA.						nd approval of the	County Transpo	rtation Committee in
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees	•	- j w//w WI	and a desire portation our		gu u y t	Journy Hallo	Date	
County T This Application for Registration area assigned to it by the Count	of Scho	ool Bus ar						
Signature - Chair, County Transporta			Committee.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates All Routes	s:		To C	ounty Supr					
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		s Public Schools		0965 0966		
Route #	Length	of Route ((miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity		
60-005	39				toute Mileage		71		
Vehicle I.D. # License # 4348				 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- En	egal entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages			
Legal Entity 0966				atch budget Legal E		Legal Entit	Rate Per Mile \$1.57 Legal Entity Number 0965 0966 Rated Capacity 71 Ctor Owned tudent Clnc ach district. Note: Percentages al Entity A TOTAL ELIGIBLE RIDERS C a + b assigned and approved by the 01, MCA. County Superintendent as are Patrol and the State state and county reimbursement for rds, 20-10-126(2) MCA, signed by Transportation Committee in knowledge and belief, and the on Committee.		
% 100.00		%		%		%	Late Per Mile 1.57 Legal Entity Number 0.965		
PASSENGER INFORMATION									
Number of Preschool/Kindergard riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		_		
	a NUMBER			b NUMBER			_		
Regular (include eligible Preschool/Kindergarten riders)							ŭ 2		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	ers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e								
Due Dates	s:		To Co	ounty Supt	T	о ОРІ	ı	Rate Per Mile
All Routes	i		Octob	per 1	С	October 15	\$	\$1.57
County Name			County Number	District N	ame			Legal Entity Number
Yellowstone			56		Public Scl			0965 0966
Route #	Lengtl	h of Route	e (miles per day)	Type of S		Bus Route Mile	•	Rated Capacity
34-001	40			Bus Ro	□ Non Bus Mileage oute Mileage 71			
Vehicle I.D. #	Vehicle I.D. # License #			□ District C			ontractor C	
4210 7752					:- If so, Name ed rate per m	e of Owner Fi nile	rst Studen	t Clnc —
Reimbursement Distribution- En	nter the	legal entit		of state/cou	nty reimburse	ement to be pai	d to each dis	trict. Note: Percentages
Legal Entity	1	Legal Enti		Legal Ent	ity		Legal Entity	1
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	DO 1	LIIOL	0011001 BID	EDO	TOTAL
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDEI (Grades PK-8)	K5		SCHOOL RID (Grades 9-12)	EKS	TOTAL ELIGIBLE RIDERS
riding this route								
						b NUMBER		C C
Regular (include eligible Preschool/Kindergarten			NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement)		dora)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten nu	iers)						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee.								
We agree to supervision of this b required; to provide a vehicle which	meets th	ie minimum	standards as established by	the Board of P	ublic Education	n, the Montana Hi		
Superintendent; and to provide a lice We also agree to refrain from soli	iciting or	causing oth	ners to solicit students from ot	her transportat	tion areas.			
We understand that violations of this bus route.				•			· ·	•
We agree that if this route crosse the school boards of both districts sh			•	,		greement betwee	en Boards, 20-1	0-126(2) MCA, signed by
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		-	•				Date	
County 3	Franco	ortation C	ommittee Approval as re	equired in a	ccordance 4	ith Section 20)-10-132 MC	Δ
This Application for Registration area assigned to it by the Count	of Sch	ool Bus ar	nd State Reimbursement h					
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile	
All Routes			Octob	per 1		October 15	:	\$1.57	
County Name			County Number	District N	lame			Legal Entity Number	
Yellowstone			56		Public S			0965 0966	
Route #	Length o	of Route	(miles per day)	Type of S		Bus Route Mile		Rated Capacity	
70-008	37.5			Bus Ro	□ Non Bus Mileage s Route Mileage 71				
Vehicle I.D. #	Vehicle I.D. # License #			□ District (
4208 7777					t - If so, Nar ted rate per		irst Studen	t Clnc —	
Reimbursement Distribution- En	iter the leg	gal entity		of state/cou tch budget!	nty reimbur	sement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity	Le	gal Entity		Legal En	tity		Legal Entity	у	
0966									
% 100.00		%		%			%	assigned and approved by the 01, MCA. County Superintendent as are Patrol and the State and county reimbursement for rds, 20-10-126(2) MCA, signed by Transportation Committee in knowledge and belief, and the on Committee.	
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	1110	UL GOLIGOL DIE	2500	TOTAL	
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDER (Grades PK-8)	RS	HIG	H SCHOOL RII (Grades 9-12)			
riding this route									
						b NUMBER		-	
Regular (include eligible Preschool/Kindergarten			NUMBER			NOWBER		a + D	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement)		- \							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten nders	5)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee.									
We agree to supervision of this b required; to provide a vehicle which	meets the n	ninimum s	standards as established by t	he Board of P	ublic Educati	on, the Montana F			
Superintendent; and to provide a lice We also agree to refrain from soli	iciting or ca	using othe	ers to solicit students from oth	her transporta	tion areas.				
this bus route.		·	0 0	•			•	•	
We agree that if this route crosse the school boards of both districts sh			•	,		agreement betwe	en Boards, 20-1	10-126(2) MCA, signed by	
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for rous operates on the route as ap									
Signature - Chair, Board of Trustees							Date		
County 3	Francoort	ation Co	ommittee Approval as re	aquired in a	ccordanco	with Section 2	0-10-132 MC	Δ	
This Application for Registration area assigned to it by the Count	of School	I Bus and	d State Reimbursement h						
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
Due Date:		igii iiaiisp	•					Rate Per Mile	
All Routes			Octo	ounty Supt ber 1		To OPI October 15		\$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone			56	Billing	s Public So	chools		0965 0966	
Route #	Length	of Route	(miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			Rated Capacity	
60-013	36			Bus R	□ Route Milea	71			
Vehicle I.D. #	Li	icense #		•	Owned	•	Contractor (Owned	
4207 7778				□ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile					
Reimbursement Distribution- Er	egal entity		of state/co		sement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity Legal Entity				Legal E			Legal Entit	Legal Entity Number 0965 0966 Rated Capacity 71 Wined Clinc Lict. Note: Percentages C a + b I and approved by the diperintendent as are and the State Id county reimbursement for 0-126(2) MCA, signed by that on Committee in the lage and belief, and the lage and belief.	
0966									
% 100.00		%		%			%		
PASSENGER INFORMATION		70		,0			70		
Number of Preschool/Kindergar riding this route	rten pupil	ls	ELEMENTARY RIDE (Grades PK-8)	RS	HIG	H SCHOOL RI (Grades 9-12			
			а			р			
Regular (include eligible Preschool/Kindergarten					NUMBER		a + D		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement) (Include ineligible Preschool/Kinderg		ers)							
Nonpublic School Riders (ineligible)		,							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.									
County This Application for Registration									
area assigned to it by the Coun	ty Transp	oortation C			oand I	cormy mat und			
Signature - Chair, County Transport	ation Com	nmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev							
Due Dates All Routes	::			ounty Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length of	f Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity
61-610	26			Bus F	Route Mileage	Ŭ.	71
Vehicle I.D. #		ense #		☐ Distric	t Owned (lct - If so, Name of Owner F	Contractor C First Studen	
4210 7752				□ Contra	cted rate per mile		
Reimbursement Distribution- Ent	al entity		e of state/co atch budge		aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity 0965				Legal E		Legal Entit	у
% 100.00		%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
a NI IMPE			a NUMBER		b NUMBER		C
Regular (include eligible Preschool/Kindergarten					NOWBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	\					
Nonpublic School Riders (ineligible)	arteri nacio,	,					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees			,	: -	,,	Date	_
County To	ransnorta	ation Co	ommittee Annroval as	required in	accordance with Section 2	20-10-132 MC	Δ
This Application for Registration area assigned to it by the County	of School y Transpor	Bus and rtation C	d State Reimbursement			s bus operates	
Signature - Chair, County Transporta	ition Commi	ittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
Due Dates All Routes	•	·	To C	ounty Sup ber 1			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length of	Route	(miles per day)	Type o	f Service Bus Route M Non Bus Mile	-	Rated Capacity	
48-001	25.2			Bus F	Route Mileage	ŭ .	71	
Vehicle I.D. # License # 4349				 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile				
Reimbursement Distribution- En	entity		of state/co	ounty reimbursement to be p	oaid to each dis	strict. Note: Percentages		
Legal Entity				Legal E		Legal Enti	ty	
% 100.00	%)		%		%	Rated Capacity 71 ractor Owned Student CInc each district. Note: Percentages egal Entity % TOTAL ELIGIBLE RIDERS c a + b ca a + b rea assigned and approved by the 0-101, MCA. d County Superintendent as are ray Patrol and the State	
PASSENGER INFORMATION						15.550		
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-1		_	
	a NUMBE				b NUMBER		-	
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg, Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as ap	proved by a	nd with	nin the transportation se	rvice area a	assigned by the County Tra	nsportation Co	mmittee.	
Signature - Chair, Board of Trustees						Date		
County T This Application for Registration area assigned to it by the County Signature - Chair, County Transporta	of School E y Transport	Bus and ation C	d State Reimbursement		accordance with Section eviewed and I certify that the			
Signature Orian, County Transporta	اااااااااا	-				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								ne form for e	ach bus route that	
		ogn trai	isportees of another	•					Rate Per Mile	
Due Dates All Routes				Octobe	unty Supt er 1		To OPI October 15		\$1.57	
County Name			County Numbe	er	District I	Name			Legal Entity Number	
Yellowstone			56		Billings	s Public S	chools		Rate Per Mile \$1.57 Legal Entity Number 0965 0966 Rated Capacity 71 Owned ent Clnc istrict. Note: Percentages tity TOTAL ELIGIBLE RIDERS c a + b c a + b c a + b dedge and belief, and the committee.	
Route #	Lengt	th of Ro	ute (miles per day)			Гуре of Service □ Bus Route Mileag				
33-001	25.2	!			Bus R	oute Milea	Non Bus Milea	ige	71	
Vehicle I.D. #		License	#		District	Owned	C	ontractor (
7696	696 5330				 □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 					
Reimbursement Distribution- En	nter the	legal er			of state/cou		sement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal E		mast mat	Legal Er			Legal Entit	.y	
0965										
% 100.00		%			%			%		
PASSENGER INFORMATION		,,,			,,,			,,		
Number of Preschool/Kindergar riding this route	ten pup	oils	ELEMENTAR (Grades		S	HIG	H SCHOOL RII (Grades 9-12)			
			а)			b		-	
Regular (include eligible Preschool/Kindergarten			NUME	BER			NUMBER		a + b	
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	:								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend										
agreement) (Include ineligible Preschool/Kinderg		ders)								
Nonpublic School Riders (ineligible)	-									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees										
County 1	Transp	ortatior	Committee Appro	val as red	quired in a	accordance	with Section 2	0-10-132, MC	X A.	
This Application for Registration	of Sch	ool Bus	and State Reimburs							
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee								Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.							one form for e	ach bus route that	
	_	ппанърс	•					Rate Per Mile	
Due Dates All Routes			To C o Octo	ounty Sup ber 1		o OPI ctober 15		\$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone			56	Billing	s Public Sch	nools		0965 0966	
Route #	Length of	f Route	(miles per day)		Service 🗆 E	Bus Route Mil		Rated Capacity	
48-051	25.7			Bus R	loute Mileag	lon Bus Milea e	age	71	
Vehicle I.D. #	Lice	ense #		□ District	Owned	C	Contractor (and approved by the perintendent as are d the State county reimbursement for 126(2) MCA, signed by ation Committee in ge and belief, and the mittee.	
7650 4727					ct - If so, Name cted rate per m		First Studer	nt Clnc	
Reimbursement Distribution- En	ter the leg	al entity				ment to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Leg	gal Entity		atch budget Legal E			Legal Enti	ty	
0965									
% 100.00		%		%			%		
PASSENGER INFORMATION	_				1 111011	2011201 711			
Number of Preschool/Kindergard	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS		SCHOOL RII Grades 9-12			
riding this route	<u> </u>		, ,						
			а			b		-	
Regular (include eligible Preschool/k	Kindergarten	1	NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg		,							
Nonpublic School Riders (ineligible)	arteri nuers	,							
TOTAL RIDERS									
We hereby certify that this bus wil	II oporato on	atiroly on	the route established by the	Poord of Tru	iotogo and within	the transportat	ion oron annian	and and approved by the	
County Transportation Committee. \ We agree to supervision of this bu	We further cous and bus r	ertify that route by t	this bus transports pupils e he State Superintendent; to	ligible for sch make such r	nool transportation eports to the Stat	n as defined by e Superintende	20-10-101, MC ent and County	A. Superintendent as are	
required; to provide a vehicle which is Superintendent; and to provide a lice	ensed, qualif	fied and a	approved driver to operate s	uch vehicle a	s required by 20-		Highway Patroi	and the State	
We also agree to refrain from soli We understand that violations of t						cause for withho	olding of state a	nd county reimbursement for	
this bus route. We agree that if this route crosse			•		, ,,	greement betwe	een Boards, 20-	10-126(2) MCA, signed by	
We understand route changes oc	the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for r									
bus operates on the route as ap Signature - Chair, Board of Trustees		and with	nin the transportation ser	rvice area a	ssigned by the	County Trans	sportation Co	mmittee.	
,									
			mmittee Approval as r						
area assigned to it by the Count	y Transpoi	rtation C		iias peeli fe	vieweu anu i C	ciny nat ms		within the transportation	
Signature - Chair, County Transporta	ation Commi	ittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.	nce with Title	20, Chapter 10, Part 1, N	MCA. School di	strict official must complete	one form for ea	ach bus route that		
					1	Rate Per Mile		
Due Dates All Routes			Fo County Sup October 1	t To OPI October 15	:	\$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56	Billing	s Public Schools		0965 0966		
Route #	Length of F	Route (miles per day)		f Service Bus Route Mi		Rated Capacity		
54-602	26		Bus F	□ Non Bus Mile. Route Mileage	age	65		
Vehicle I.D. #	Licens	se#	□ Distric	t Owned (Contractor C			
4090 7821				ct - If so, Name of Owner I cted rate per mile	First Studen	t Clnc —		
Reimbursement Distribution- En	ter the legal		ntage of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity	Legal	Entity	Legal E		Legal Entity	/		
0965								
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTARY F (Grades PK		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route		,	,	,	,			
		a		b		c _.		
Regular (include eligible Preschool/k	Kindergarten	NUMBER	₹	NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	u. (0.1. 1.00.0)							
TOTAL RIDERS								
We hereby certify that this bus wi	II operate entir	I elv on the route established b	ov the Board of Tri	Lustees and within the transportate	tion area assigne	d and approved by the		
County Transportation Committee. \ We agree to supervision of this be	Ne further cert	ify that this bus transports pu	pils eligible for sch	nool transportation as defined by	/ 20-10-101, MC/	A. ,		
required; to provide a vehicle which is Superintendent; and to provide a lice	meets the mini	mum standards as establishe	ed by the Board of	Public Education, the Montana				
We also agree to refrain from soli We understand that violations of	citing or causi	ng others to solicit students fro	om other transpor	tation areas.	olding of state ar	nd county reimbursement for		
this bus route. We agree that if this route crosse			•		· ·	•		
the school boards of both districts sh	all be attached	d to the county superintenden	nt's copy of this do	cument.				
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as ap								
Signature - Chair, Board of Trustees					Date			
County 1	ransportati	on Committee Approval	as required in	accordance with Section 2	20-10-132 MC	Δ		
This Application for Registration area assigned to it by the Count	of School B	us and State Reimbursem						
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex								one form for e		
Due Dates All Routes	s :			Cour ober	nty Supt	t	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number		District	Name			Legal Entity Number	
Yellowstone			56			s Public			0965 0966	
Route #	Length of	Route	(miles per day)		Type of		□ Bus Route Mi□ Non Bus Milea	•	Rated Capacity	
48-301	26.2				Bus R	oute Mile	eage		71	
Vehicle I.D. # License #					District					
2305 4349					Contra	cted rate p	er mile			
Reimbursement Distribution- Enter the legal enti-					state/co		ursement to be pa	aid to each di	strict. Note: Percentages	
Legal Entity Legal Entity 0965					Legal E			Legal Enti	ty	
								_		
% 100.00	%)			%			%	Rate Per Mile \$1.57 Legal Entity Number 0965 0966 Rated Capacity 71 actor Owned Student CInc each district. Note: Percentages gal Entity % TOTAL ELIGIBLE RIDERS c a + b c a + b c a + b district State and county reimbursement for ards, 20-10-126(2) MCA, signed by a transportation Committee in the present of the state of state and belief, and the state of the s	
PASSENGER INFORMATION		T	ELEMENTARY RID	ERS		H	IGH SCHOOL RI	DERS	TOTAL	
Number of Preschool/Kindergart riding this route	ten pupils		(Grades PK-8)				(Grades 9-12)	ELIGIBLE RIDERS	
			a				b			
Regular (include eligible Preschool/K	/indergarten		NUMBER				NUMBER		-	
riders) 1st Wheelchair (WC)	dinderganten									
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., u	under 3									
miles OR nonresident and no attenda agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)									
TOTAL RIDERS										
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I certify that this application for rebus operates on the route as application	certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees			,			<u> </u>	,	Date		
This Application for Registration	of School E	Bus and								
area assigned to it by the County Signature - Chair, County Transporta			ommillet.					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even		,						one form for e	each bus route that
Due Dates : All Routes	:			Coun ober	ity Supt	t	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number		District	Name			Legal Entity Number
Yellowstone			56			s Public S			0965 0966
Route #	Length of	Route	(miles per day)		Type of		□ Bus Route M□ Non Bus Mile	•	Rated Capacity
00 000	26.4	.,				oute Mile	eage		65
Vehicle I.D. #	Licen					Owned	ame of Owner	Contractor First Stude	
1240 7827					Contra	cted rate pe	er mile		
Reimbursement Distribution- Ent	entity			state/co budget		ursement to be p	paid to each di	strict. Note: Percentages	
Legal Entity Legal Entity 0966 0965			У		Legal E			Legal Ent	ity
% 46.00	%	54.	.00		%			%	
PASSENGER INFORMATION			ELEMENTARY RID	EDC.		1 111	GH SCHOOL R	IDEDC	TOTAL
Number of Preschool/Kindergarteriding this route	en pupils		(Grades PK-8)				(Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		C
Regular (include eligible Preschool/Ki riders)	ndergarten		NUMBER				NUMBER		a + b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., ul miles OR nonresident and no attenda agreement)	nce								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)								
TOTAL RIDERS									
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bus operates on the route as app Signature - Chair, Board of Trustees	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date						ommittee.		
County Tr This Application for Registration of area assigned to it by the County	of School E	Bus and							
Signature - Chair, County Transportat	tion Committ	ee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates:	This form is required in accorda	nce with Ti	tle 20, C	Chapter 10, Part 1, MCA	. School di	strict official r	must complete o	one form for e	ach bus route that	
County Name County Name County Number County Name County Number County N		_	папорс	_					Rate Per Mile	
Yellowstone 56 Billings Public Schools 0965 0966 Route # Legal to Flower Type of Service Dus Route Mileage Rated Capacity 60-653 27 Bus Route Mileage Sus Route Mi						•			\$1.36	
Route # Length of Routle (miles per day) Type of Service Bus Route Mileage Rafed Capacity 60-653 27 Bus Route Mileage Sho Bus Route Mileage Sho Bus Mileage	County Name			County Number	District	Name			Legal Entity Number	
Route # Length of Route (miles per day) 27 Bus Route Mileage Bus R	Yellowstone			56	Billing	s Public S	Schools		0965 0966	
Bus Route Mileage 65		Length of	Route			Service [Bus Route Mil			
Vehicle I.D. # License #	60-653	27			Bus R			age	65	
Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	Lice	nse #					Contractor (Owned	
Legal Entity 0966 ### 55.00 ### 15.00 ###	9909 4605					•				
Legal Entity 09566	Reimbursement Distribution- Er	nter the lega	al entity				sement to be pa	aid to each dis	strict. Note: Percentages	
PASSENGER INFORMATION Unuber of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) I ELIGIBLE RIDERS (Grades 9-12) I ELIGIBLE RIDERS (Grades 9-12) I STAL (Grades Park (Grad		Leg		1				Legal Enti	ty	
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this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qualif iciting or cau	ed and a sing othe	approved driver to operate sers to solicit students from o	uch vehicle a ther transpor	s required by 2 tation areas.	20-10-103, MCA.	,		
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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	I certify that this application for i	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.			ariu Will	штине папъропацой se	vice area a	issigned by ti	ne County ITan		mmdee.	
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.										
	This Application for Registration	of School	Bus and	d State Reimbursement						
								Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							te one form for e	each bus route that	
Due Date : All Routes				County tober 1		To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District Name				Legal Entity Number	
Yellowstone			56			s Public Schools		0965 0966	
Route #	Lengt	th of Rou	ite (miles per day)	Ty	ype of	Service ☐ Bus Route ☐ Non Bus M	•	Rated Capacity	
33-005	27			В	Bus R	oute Mileage		65	
Vehicle I.D. #		License	#			Owned ct - If so, Name of Owner	Contractor (
9912	4	4608				cted rate per mile			
Reimbursement Distribution- Er	nter the	legal en		ge of sta match b			e paid to each di	strict. Note: Percentages	
Legal Entity 0965		Legal E			egal Er		Legal Enti	ty	
				\blacksquare					
% 100.00		%			%		%		
PASSENGER INFORMATION			ELEMENTARY RIC	DERS		HIGH SCHOOL	RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	rten pup	oils	(Grades PK-8)		(Grades 9-	12)	ELIGIBLE RIDERS	
			a NUMBER			b NUMBE	<u> </u>	c a + b	
Regular (include eligible Preschool/Niriders)	Kinderga	arten	NOMBER			NOWIDE	<u> </u>	a + b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	I Service	,							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		ders)							
Nonpublic School Riders (ineligible)	1								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
County 1	Transn	ortation	Committee Approval as	requir	ed in :	accordance with Section	n 20-10-132 M	CA.	
This Application for Registration area assigned to it by the Count	n of Sch ty Trans	nool Bus sportatio	and State Reimbursemer				his bus operate		
Signature - Chair, County Transport	ation Co	mmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					complete one form for	or each bus route that
	-					Rate Per Mile
Due Date All Routes			ounty Supt ber 1		ober 15	\$1.36
County Name		County Number	County Number District Name			Legal Entity Number
Yellowstone		56	Billings Public Schools			0965 0966
Route #	Length of Rou	ite (miles per day)		Service Bus	Route Mileage	Rated Capacity
33-006	27		Bus R	□ Nor Coute Mileage	n Bus Mileage	65
Vehicle I.D. #	License	#	□ District	Owned	Contracto	
9914	4742			ct - If so, Name of cted rate per mile	f Owner First Stud	lent Clnc
Reimbursement Distribution- Er	nter the legal en		of state/co		ent to be paid to each	district. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal E	Entity
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		CHOOL RIDERS rades 9-12)	TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a			b	C .
Regular (include eligible Preschool/	Kindergarten	NUMBER		Γ	NUMBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill operate entirely	on the route established by the	Board of Tru	istees and within the	transportation area ass	igned and approved by the
County Transportation Committee We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice	We further certify ous and bus route meets the minimu	that this bus transports pupils e by the State Superintendent; to im standards as established by	ligible for sch make such r the Board of	nool transportation a eports to the State S Public Education, th	s defined by 20-10-101, Superintendent and Cou le Montana Highway Pa	MCA. nty Superintendent as are
We also agree to refrain from sol We understand that violations of this bus route.	iciting or causing	others to solicit students from o	ther transpor	tation areas.		te and county reimbursement for
We agree that if this route crosse the school boards of both districts sl	hall be attached to	the county superintendent's co	py of this do	cument.		
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the	e school year require the filing o	f an amende	d TR-1 form and app	proval of the County Trai	nsportation Committee in
I certify that this application for bus operates on the route as application.						
Signature - Chair, Board of Trustees				<u> </u>	Date	
	-	0			041	MOA
This Application for Registration area assigned to it by the Coun	of School Bus					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.						one form for ea			
Due Dates All Routes			To Cou October	nty Supt r 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District Name				Legal Entity Number		
Yellowstone		56			s Public Schools		0965 0966		
Route #	Length of R	oute (miles per day)		Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
70-013 Vehicle I.D. #	27	- #			oute Mileage	_	65		
9914	Licens 4742	e #			Owned (ct - If so, Name of Owner I cted rate per mile	Contractor (First Studer			
Reimbursement Distribution- En	iter the legal e		entage of	state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0966 Legal Entity			nust matc	Legal E		Legal Entit	у		
% 100.00	%			%		%			
PASSENGER INFORMATION							_		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY (Grades P		8	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
	-	a NUMBE			b NUMBER		c a + b		
Regular (include eligible Preschool/k riders)	Kindergarten	NOWIDE	-11		NOMBER		a i b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		·			·	Date			
County T This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimburse			accordance with Section aviewed and I certify that this				
Signature - Chair, County Transporta	ation Committee	•				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Due Dates	s:		To Co	ounty Supt		To OPI		Rate Per Mile		
All Routes			Octob	per 1		October 15		\$1.57		
County Name			County Number	District N	Name			Legal Entity Number		
Yellowstone			56		Billings Public Schools			0965 0966		
Route #	Length of	f Route	(miles per day)	Type of		□ Bus Route Mil		Rated Capacity		
70-004	27.6			Bus Ro	oute Mile	□ Non Bus Milea eage	age	71		
Vehicle I.D. #	Lice	ense #		□ District			Contractor C			
7650	472	27			ct - If so, Na cted rate pe	ame of Owner Fer mile	irst Studer	it Clnc		
Reimbursement Distribution- Er	iter the lega	al entity		of state/coutch budget!		ursement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity	Leg	gal Entit		Legal En			Legal Entit	у		
0966										
% 100.00	(%		%			%			
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	1.11	OLL COLLOCK BU	DEDO	TOTAL		
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDER (Grades PK-8)	3	п	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route										
			а			b		C		
Regular (include eligible Preschool/h	 Kindergarten	1	NUMBER			NUMBER		a + b		
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend										
agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)								
TOTAL RIDERS										
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We further co	ertify tha	t this bus transports pupils eli	igible for scho	ool transport	ation as defined by	20-10-101, MC	A. ,		
required; to provide a vehicle which Superintendent; and to provide a lice	meets the mensed, qualif	ninimum s fied and a	standards as established by t approved driver to operate su	he Board of Fich vehicle as	Public Educa required by	ation, the Montana I				
We also agree to refrain from sol We understand that violations of						ent cause for withho	olding of state a	nd county reimbursement for		
S .			•	,		ne agreement betwe	een Boards, 20-	10-126(2) MCA, signed by		
	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
I certify that this application for rous operates on the route as application										
Signature - Chair, Board of Trustees			•		<u> </u>		Date			
County 3	[ransnorta	ation Co	ommittee Approval as re	auired in a	accordanc	e with Section 3	0-10-132 MC	:Δ		
This Application for Registration area assigned to it by the Count	of School	Bus an	d State Reimbursement h							
Signature - Chair, County Transporta							Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MC	CA. School dis	strict official must complete	one form for ea	ach bus route that
						Rate Per Mile
Due Date All Routes			County Supt ctober 1	t To OPI October 15	:	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Route (miles per day)			Service Bus Route Mi		Rated Capacity
60-003	30		Bus R	□ Non Bus Mile. Coute Mileage	age	65
Vehicle I.D. #	Licens	se #	□ District	: Owned (Contractor C	
9910	4606	i		ct - If so, Name of Owner cted rate per mile	First Studen	t Clnc —
Reimbursement Distribution- Er	nter the legal		nge of state/co match budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entity	у
0966						
% 100.00	%		%		%	
PASSENGER INFORMATION			_			
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		,	,	,	,	
		a		b		C .
Regular (include eligible Preschool/l	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderd						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill onerate entir	ely on the route established by	the Board of Tru	Istees and within the transportat	tion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further cert us and bus rou meets the mini	ify that this bus transports pupil te by the State Superintendent; mum standards as established	s eligible for sch ; to make such ro by the Board of	nool transportation as defined by eports to the State Superintende Public Education, the Montana	v 20-10-101, MC/ ent and County S	A. Superintendent as are
We also agree to refrain from sol We understand that violations of	iciting or causin	ng others to solicit students fron	n other transport	tation areas.	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse					een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes of					County Transpo	ortation Committee in
accordance with 20-10-132, MCA. I certify that this application for the second						
bus operates on the route as ap Signature - Chair, Board of Trustees		iu within the transportation	service area a	issigned by the County Tran	Date Date	nmitee.
County This Application for Registration area assigned to it by the County	of School B	us and State Reimburseme		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport					Date	
					1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e					e one form for e	each bus route that			
	-					Rate Per Mile			
Due Date All Routes		To Co Octol	ounty Supt per 1	t To OPI October 15		\$1.57			
County Name		County Number	District	Name		Legal Entity Number			
Yellowstone		56	Billing	s Public Schools		0965 0966			
Route #	Length of Route (miles per day)			f Service Bus Route		Rated Capacity			
41-001	29.8		Bus R	□ Non Bus Mi Route Mileage	lleage	71			
Vehicle I.D. #	License #	ŧ	□ District		Contractor	Owned			
4203	4750			ct - If so, Name of Owner octed rate per mile	First Stude	nt Clnc			
Reimbursement Distribution- En	nter the legal enti				paid to each di	strict. Note: Percentages			
Legal Entity 0965	tity	tch budget Legal E		Legal Ent	ity				
% 100.00		%		%					
PASSENGER INFORMATION	%								
Number of Preschool/Kindergariding this route	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS			
		a NUMBER		b NUMBER	₹	c a + b			
Regular (include eligible Preschool/ riders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	I Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	dance								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for bus operates on the route as a									
Signature - Chair, Board of Trustees		,		y	Date	_			
County This Application for Registration area assigned to it by the Coun	n of School Bus a								
Signature - Chair, County Transport		***			Date	_			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though	h transpo	ortees of another legal e	tees of another legal entity may utilize the services.			ı	Rate Per Mile	
Due Dates All Routes				ounty Sup ber 1	t To OP Octobe			\$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone			56	Rilling	s Public School	e		0965 0966	
Route #	Length o	f Route	(miles per day)		f Service Bus F			Rated Capacity	
50-004	30			Duo E		Bus Milea	ge	71	
Vehicle I.D. #		ense #			Coute Mileage Owned	C	ontractor C		
7694	53	29		□ Contra	ct - If so, Name of C cted rate per mile _	_			
Reimbursement Distribution- Er	iter the leg	gal entity		e of state/co		t to be pa	id to each dis	trict. Note: Percentages	
Legal Entity 0966	Leç	gal Entity 09		Legal E			Legal Entity	/	
% 30.00		% 70.	.00	%			%		
PASSENGER INFORMATION								_	
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCH (Grad	iool RID des 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
			a NUMBER		NU	b JMBER		c a + b	
Regular (include eligible Preschool/hriders)	Kindergarter	n							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders	3)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for robus operates on the route as ap									
Signature - Chair, Board of Trustees			,		<u> </u>		Date		
County 1	[ransport	ation Co	ommittee Approval as i	equired in	accordance with S	Section 20)-10-132. MC	A .	
This Application for Registration area assigned to it by the Count	of School y Transpo	l Bus and ortation C	d State Reimbursement						
Signature - Chair, County Transporta	ation Comm	nittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MC	A. School dis	strict official must complete	one form for ea	ach bus route that
						Rate Per Mile
Due Date All Routes			County Supt ober 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Route (miles per day)			f Service Bus Route M		Rated Capacity
03-603	28.3		Bus R	□ Non Bus Mile Route Mileage	eage	25
Vehicle I.D. #	Licens	se#	□ District	t Owned	Contractor C	
1735	7766	i		ct - If so, Name of Owner cted rate per mile	First Studen	t Clnc —
Reimbursement Distribution- Er	iter the legal		ge of state/co natch budget		oaid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entit	у
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(======================================		(111111	,	
		а		b		С
Regular (include eligible Preschool/l	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderd						
Nonpublic School Riders (ineligible)	garteri riders)					
TOTAL RIDERS						
We hereby certify that this bus w	Il operate entire	ely on the route established by the	ne Board of Tru	ustees and within the transports	ation area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further cert us and bus rou meets the mini	ify that this bus transports pupils te by the State Superintendent; mum standards as established b	eligible for sch to make such r by the Board of	nool transportation as defined be reports to the State Superintenc Public Education, the Montana	y 20-10-101, MC. lent and County S Highway Patrol a	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causir	ng others to solicit students from	other transpor	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse	s district lines	and transports students from out	side the distric	t, a copy of the agreement betv	veen Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.					e County Transpo	ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees				5 y	Date	
					00.40.400.555	
This Application for Registration area assigned to it by the Country	of School Bu					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex									
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$0.95			
County Name		County Number	District	Name		Legal Entity Number			
Yellowstone				s Public Schools		0965 0966			
Route #	Length of Rou	te (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity			
34-600 Vehicle I.D. #	28.5	4	1 .	oute Mileage	-	23			
6868	4620	,		Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor C First Studen				
Reimbursement Distribution- En	ter the legal ent		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages			
Legal Entity Legal Entity 0965			Legal E		Legal Entity	У			
% 100.00	%		%		%				
PASSENGER INFORMATION									
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
		a NUMBER		b NUMBER		c a+b			
Regular (include eligible Preschool/K riders)	Cindergarten	NOMBER		NOMBER		a i b			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., to miles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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I certify that this application for rubus operates on the route as ap									
Signature - Chair, Board of Trustees					Date				
County T This Application for Registration area assigned to it by the Count	of School Bus a	and State Reimbursement		accordance with Section 2 eviewed and I certify that this					
Signature - Chair, County Transporta	ation Committee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								one form for e	ach bus route that
Due Dates All Routes	s :			ount ober 1	y Supt		To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	С	District I	Name			Legal Entity Number
Yellowstone				Billings Public Schools					0965 0966
Route #	Length of F	Length of Route (miles per day)			Type of Service ☐ Bus Route M☐ Non Bus Mile			•	Rated Capacity
41-301	26.5	.,		1		oute Milea	age		71
Vehicle I.D. #	Licen					Owned ct - If so, Nar	C me of Owner F	Contractor (First Studer	
4203	4750					cted rate per			
Reimbursement Distribution- En			must m	atch t	budget!		sement to be pa		
Legal Entity 0965	Lega	l Entity	y	L	.egal Er	ntity		Legal Enti	tty
% 100.00	%				%			%	
PASSENGER INFORMATION	70				/0			/6	
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/K riders)	Kindergarten		NONDER				NOWIDER		a + 5
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendate agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	arteri nuers)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	proved by a	iu Will	шт ите папѕропацоп se	vice	area as	ssigned by tr	ne County Trans	Date	mmillee.
								0.40.400.55	
This Application for Registration area assigned to it by the County	of School B y Transporta	us and ation C						bus operates	
Signature - Chair, County Transporta	ation Committe	ee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev									
Due Dates All Routes	::			ounty Sup	t To OPI October 15		Rate Per Mile \$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		s Public Schools		0965 0966		
Route #	Route # Length of Route (miles per day)			Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity		
34-004 Vehicle I.D. #	28	#		ı .	toute Mileage		65		
9917	474	ense # 45			: Owned Ct - If so, Name of Owner Coted rate per mile	Contractor C First Studen			
Reimbursement Distribution- Ent	ter the leg	al entity		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0965	Leg	gal Entity		atch budget Legal E		Legal Entit	у		
% 100.00		%		%		%			
PASSENGER INFORMATION							_		
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Ki riders)	indergarten	า	NONBLIC		NOMBER		a i b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	3)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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bus operates on the route as app						sportation Cor			
Signature - Chair, Board of Trustees						Date			
This Application for Registration area assigned to it by the County	of School y Transpo	l Bus and ortation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	tion Comm	ittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						one form for e	ach bus route that		
Due Dates All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		s Public Schools		0965 0966		
Route #	Length of	Route ((miles per day)	Type o	f Service Bus Route M Non Bus Mile		Rated Capacity		
50-003 29.5				Bus F	Route Mileage	-	65		
Vehicle I.D. # License #				□ Distric	t Owned act - If so, Name of Owner	Contractor (
2202	461	3			icted rate per mile	riist Studei			
Reimbursement Distribution- Ent	ter the lega	al entity		e of state/co		paid to each dis	strict. Note: Percentages		
Legal Entity	Leg	al Entity	1	Legal E		Legal Entit	.y		
0966		US	965						
% 36.00	Q	% 64.	00	%		%			
PASSENGER INFORMATION			ELEMENTARY RIDE	:DC	HIGH SCHOOL R	IDEDS	TOTAL		
Number of Preschool/Kindergarteriding this route	en pupils		(Grades PK-8)	:KS	(Grades 9-12		ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Ki riders)	indergarten		HOMBER		NOWBER		u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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This Application for Registration	of School	Bus and	State Reimbursement		accordance with Section eviewed and I certify that the				
area assigned to it by the County Signature - Chair, County Transporta			онишкее.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e								
Due Dates	s:		To Co	unty Supt	To C	PI		Rate Per Mile
All Routes			Octob	er 1	Octo	ober 15	;	\$1.57
County Name			County Number	District Na	me			Legal Entity Number
Yellowstone			56		Public Scho			0965 0966
Route #	Length	of Route	(miles per day)	Type of Se	ervice 🗆 Bus			Rated Capacity
60-011	29			Bus Rou	ite Mileage	n Bus Mileag	je	71
Vehicle I.D. #	Lic	cense #		□ District Ov			ontractor C	
4216	78	828			If so, Name of drate per mile		rst Studen	t Clnc —
Reimbursement Distribution- En	iter the le	gal entity		of state/count	y reimburseme	ent to be pai	d to each dis	trict. Note: Percentages
Legal Entity	Le	egal Entity		Legal Entity	у		Legal Entity	/
0966								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	1110110	OLIOOL DID	EDO	TOTAL
Number of Preschool/Kindergar	ten pupils	s	ELEMENTARY RIDEF (Grades PK-8)	35		CHOOL RID rades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		C
Regular (include eligible Preschool/k	Kindergarte	en	NOWBER		<u>'</u>	NOMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		ra)						
Nonpublic School Riders (ineligible)	jai teri riuei	15)						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. \ We agree to supervision of this bi	We further	certify that	this bus transports pupils eli	gible for school	transportation a	s defined by 2	0-10-101, MCA	A
required; to provide a vehicle which is Superintendent; and to provide a lice	meets the	minimum s	tandards as established by t	he Board of Pub	olic Education, th	ne Montana Hi		
We also agree to refrain from soli We understand that violations of	iciting or ca	ausing othe	ers to solicit students from oth	ner transportation	n areas.		ding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse		·	9	·			J	,
the school boards of both districts sh We understand route changes on	nall be attac	iched to the	county superintendent's cop	y of this docum	ent.		,	, , ,
accordance with 20-10-132, MCA. I certify that this application for r								
bus operates on the route as ap Signature - Chair, Board of Trustees		y and with	iii the transportation serv	vice area assi	gnea by the Co		Date	imilitee.
County 1 This Application for Registration area assigned to it by the Count	of Schoo	ol Bus and						
Signature - Chair, County Transporta			Similario.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates:	This form is required in accordance v					te one form for e	each bus route that
County Name County Name County Number District Name Legal Entity Number Pellowstone Solute # County Number District Name District Name Legal Entity Number District Name Legal Entity Number District Name District Owned Contractor Owned Contract - If so, Name of Owner District Name Contractor Owned Contracted rate per mile District Note: Percentages must match budget!		inough transpi	•				Rate Per Mile
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Sus Route Mileage Rated Capacity 67-650 29 Bus Route Mileage 65 Vehicle I.D. # License # District Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							\$1.36
Route # Length of Route (miles per day) 67-650 29 Bus Route Mileage Rated Capacity Non Bus Mileage Route Mileage Ro	County Name		County Number	District	Name		Legal Entity Number
Route # Length of Route (miles per day) 67-650 29 Bus Route Mileage Rated Capacity Non Bus Mileage Route Mileage Ro	Yellowstone		56	Billing	s Public Schools		0965 0966
Contract - If so, Name of Owner First Student Clnc		ngth of Route	(miles per day)		f Service Bus Route		Rated Capacity
Vehicle I.D. # 1238 Contract Owned Contractor Owned	67-650 29)		Bus R		lileage	65
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!	Vehicle I.D. #	License #		•		Contractor	Owned
must match budget!	1238	7830				First Stude	nt Clnc —
	Reimbursement Distribution- Enter th	he legal entity				e paid to each di	strict. Note: Percentages
Legal Entity Legal Entity Legal Entity		Legal Entity				Legal Ent	ity
0965	0965						
% 100.00 % %	% 100 00	%		%		%	
PASSENGER INFORMATION		70					
Number of Preschool/Kindergarten pupils ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS	Number of Preschool/Kindergarten p	oupils		RS			_
riding this route		7	(3.22.2)		(0.5.50	,	
a b c							С
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten	Regular (include eligible Preschool/Kinder	rgarten	NUMBER		NUMBE	R	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)	, ,						
Additional Wheelchairs (WC)	` ,						
Non-WC IEP Lists Trans as Related Service	, ,	ice					
TOTAL ELIGIBLE RIDERS		100					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance	miles OR nonresident and no attendance						
agreement) (Include ineligible Preschool/Kindergarten riders)	(Include ineligible Preschool/Kindergarten	n riders)					
Nonpublic School Riders (ineligible)	Nonpublic School Riders (ineligible)						
TOTAL RIDERS	TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the	We hereby certify that this bus will ope	erate entirely on	the route established by the	Board of Tru	ustees and within the transpo	rtation area assigr	ned and approved by the
County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are							
required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.							and the State
We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for	We also agree to refrain from soliciting	or causing other	ers to solicit students from otl	her transport	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by	this bus route.		v v	·		· ·	,
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.	the school boards of both districts shall be We understand route changes occurring	e attached to the	e county superintendent's cop	by of this doo	cument.		
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the	I certify that this application for regist						
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date		eu by and Witi	iiii tile transportation ser	vice alea a	issigned by the County 11		mmillee.
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	This Application for Registration of S	School Bus and	d State Reimbursement h				
Signature - Chair, County Transportation Committee Date						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						
Due Dates All Routes			County Supt	t To OPI October 15		Rate Per Mile \$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56		s Public Schools		0965 0966
Route #	Length of Ro	ute (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity
54-651	29	4		toute Mileage		65
Vehicle I.D. # 1245	License 7833	·#		: Owned Ct - If so, Name of Owner Coted rate per mile	Contractor C First Studen	
Reimbursement Distribution- En	iter the legal er		age of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity	Legal E		match budget Legal E		Legal Entit	у
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts she we understand route changes of accordance with 20-10-132, MCA. I certify that this application for rous operates on the route as ap Signature - Chair, Board of Trustees	We further certify us and bus route meets the minimensed, qualified a ciciting or causing the laws, rules or as district lines an all be attached to curring during the registration of suproved by and	that this bus transports pupil by the State Superintendent um standards as established and approved driver to operat others to solicit students from regulations governing school dt transports students from oo the county superintendent's e school year require the filin school bus and state reim	ils eligible for sch t; to make such r I by the Board of te such vehicle a m other transpor ol transportation utside the distric s copy of this doi ig of an amende bursement is t	nool transportation as defined by eports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument. d TR-1 form and approval of the rue and complete to the best	v 20-10-101, MC/ ent and County S Highway Patrol a olding of state an een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
Courte	Franchortotic	Committee Approved	e required in	accordance with Section 1	20-10 132 840	•
This Application for Registration area assigned to it by the Count	of School Bus ty Transportation	and State Reimburseme		accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transporta	ation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.							
Due Dates All Routes			To County October 1		To OPI October 15		Rate Per Mile \$1.36
County Name		County Number	Di	istrict I	Name		Legal Entity Number
Yellowstone		56			s Public Schools		0965 0966
Route #	Length of Ro	oute (miles per day)	Ту	ype of	Service Bus Route Mil Non Bus Miles	•	Rated Capacity
45-600	29	"			oute Mileage		65
Vehicle I.D. # 9845	License 4603	€#	□С	Contrac	ct - If so, Name of Owner F	Contractor C First Studen	
Reimbursement Distribution- En		ntity number and percer			oted rate per mile	aid to each dis	trict Note Percentages
	Legal I	mu	ist match bi			Legal Entit	
Legal Entity 0965	Legari	=Huty	Le	eyai Ei	шту	Legal Ellill	y
% 100.00	%			%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY I (Grades PK			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		а			р		C
Regular (include eligible Preschool/k	Kindergarten	NUMBEF	Χ		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which it Superintendent; and to provide a lice. We also agree to refrain from solit. We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts show understand route changes oc accordance with 20-10-132, MCA.	We further certifus and bus routinements the minimensed, qualified citing or causing the laws, rules cost district lines a hall be attached curring during the	y that this bus transports pue by the State Superintende num standards as establishe and approved driver to open g others to solicit students for regulations governing sch and transports students from to the county superintender ne school year require the fi	upils eligible tent; to make ed by the Bo rate such vel rom other tra nool transport outside the nt's copy of the liling of an an	for school such re- bard of I school such ansporta- rtation versity district, this documended	ool transportation as defined by sports to the State Superintende Public Education, the Montana is required by 20-10-103, MCA ation areas. will be sufficient cause for withhous a copy of the agreement between the copy of the agreement.	20-10-101, MC. ent and County S Highway Patrol a blding of state an een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		•			•	Date	
County T This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimbursen			accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
Due Dates All Routes	: :			County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length	of Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity
61-601	31			Bus F	Route Mileage	Ŭ.	65
Vehicle I.D. #		cense #		☐ Distric	t Owned (act - If so, Name of Owner I	Contractor C	
1245		333		□ Contra	cted rate per mile		
Reimbursement Distribution- En	ter the le	gal entity		e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0965	Le	egal Entity		Legal E		Legal Entit	у
% 100.00		%		%		%	
PASSENGER INFORMATION							_
Number of Preschool/Kindergart riding this route	en pupils	5	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a		b		C
Regular (include eligible Preschool/K	indergarte	en	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	re)					
Nonpublic School Riders (ineligible)	arterr rider	3)					
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from solic. We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes occaccordance with 20-10-132, MCA. I certify that this application for refuse operates on the route as ago.	We further us and bus meets the insed, qua citing or cathe laws, rus district lir all be attaccurring dui	certify that is route by the service of the service	this bus transports pupils of the State Superintendent; to transport and the standards as established by proved driver to operate sers to solicit students from culations governing school to the students from outs a county superintendent's concol year require the filing of the standard state reimbur old bus and state reimbur the state state of the state state of the s	eligible for solo make such in the Board of such vehicle a other transport ransportation ide the distric opy of this do of an amende	nool transportation as defined by reports to the State Superintend. Public Education, the Montana as required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument. d TR-1 form and approval of the true and complete to the best	20-10-101, MC, ent and County S Highway Patrol a olding of state an een Boards, 20- County Transport	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
bus operates on the route as app Signature - Chair, Board of Trustees	proved by	y and with	nin the transportation se	rvice area a	assigned by the County Tran	sportation Cor Date	nmittee.
This Application for Registration area assigned to it by the County	of School y Transpo	ol Bus and ortation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	tion Comr	mittee		_		Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 20, (Chapter 10, Part 1, MCA	. School dis	strict official must comple	ete one form for e	ach bus route that
receives state reimbursement e		ŭ	, ,			Rate Per Mile
Due Date All Routes			county Supt ober 1	: To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56		s Public Schools		0965 0966
Route #	Length of Route	(miles per day)	Type of	Service Bus Route Non Bus N	•	Rated Capacity
24-651	31		1	oute Mileage	_	14
Vehicle I.D. #	License #		☐ District	Owned ct - If so, Name of Owne	Contractor (
8938	7768			cted rate per mile	- Tilot Otdaci	——————————————————————————————————————
Reimbursement Distribution- Er	nter the legal entity		e of state/co atch budget		e paid to each dis	strict. Note: Percentages
Legal Entity 0966	Legal Entity		Legal E		Legal Entit	ty
0900						
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV DIDE	-DC	HIGH SCHOOL	DIDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	EKS	(Grades 9		ELIGIBLE RIDERS
		а		b	·D	C
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	:K	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderd Nonpublic School Riders (ineligible)	garten riders)					
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts standards with the school boards of both districts standards.	We further certify that you and bus route by to meets the minimum sensed, qualified and a iciting or causing other the laws, rules or regress district lines and tra- nall be attached to the	t this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate sers to solicit students from co- culations governing school to ansports students from outs to county superintendent's co-	eligible for schoon make such rong the Board of such vehicle a bother transportation ransportation dide the distriction of this document.	tool transportation as define eports to the State Superint Public Education, the Monta is required by 20-10-103, Matation areas. Will be sufficient cause for with a copy of the agreement between the sument.	d by 20-10-101, MC endent and County s ana Highway Patrol CA. ithholding of state a etween Boards, 20-	A. Superintendent as are and the State nd county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap	proved by and wit					
Signature - Chair, Board of Trustees	3				Date	
County This Application for Registration area assigned to it by the County	of School Bus and	d State Reimbursement		accordance with Section with Section and I certify that		
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						one form for e	ach bus route that
Due Dates All Routes			To C	ounty Sup ber 1			Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length	of Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity
21-651	15			Bus R	toute Mileage		65
Vehicle I.D. # 9909		cense # 605			Owned Ct - If so, Name of Owner Ct cted rate per mile	Contractor (First Studer	
Reimbursement Distribution- Ent	ter the le	gal entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0965	Le	egal Entity		atch budget Legal E		Legal Entit	у
% 100.00		%		%			
PASSENGER INFORMATION		/0		/6		70	
Number of Preschool/Kindergarte riding this route	en pupils	s	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Ki	indergarte	en	NOWBER		NOMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)							
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten rider	rs)					
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. W We agree to supervision of this bu required; to provide a vehicle which n Superintendent; and to provide a licer We also agree to refrain from solic We understand that violations of the this bus route. We agree that if this route crosses the school boards of both districts sha We understand route changes occ accordance with 20-10-132, MCA. I certify that this application for re bus operates on the route as app Signature - Chair, Board of Trustees	Ve further us and bus neets the nsed, qua citing or ca he laws, rus district lir all be attacurring duregistratio	certify that is route by the minimum is alified and a ausing otherwises or regulation regularity to the uring the school of sc	this bus transports pupils eithe State Superintendent; to tandards as established by piproved driver to operate sizes to solicit students from outsit of the students from	eligible for sch make such r the Board of such vehicle a ther transpor- tansportation ide the distric- topy of this do- pry of this do- transportation	nool transportation as defined by eports to the State Superintender Public Education, the Montana is required by 20-10-103, MCA. tation areas. Will be sufficient cause for withh t, a copy of the agreement betwoement. d TR-1 form and approval of the true and complete to the best	v 20-10-101, MC ent and County s Highway Patrol s olding of state a een Boards, 20- c County Transports of of my knowles	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by crtation Committee in edge and belief, and the
County To This Application for Registration area assigned to it by the County	of School	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta			ommuce.			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Date: Due Date: To County Number	This form is required in accorda					omplete one form for e	each bus route that
County Name County Name County Name County Number District Name Legal Entity Number Vellowstone So Billings Public Schools O965 0966 Bouls # Legal Entity Number Type of Service Bus Route Mileage Bus Route Mileage Contractor Owned Contractor Tax to Name of Owner First Student Clinc Contract Is so Name of Owner Contractor Tax to Name of Owner First Student Clinc Contrac		-					Rate Per Mile
Yellowstone S6							\$0.95
Rated Capacity Sur Governorment Sur Governorm	County Name		County Number	District	Name		Legal Entity Number
Rate Free	Yellowstone		56	Billing	s Public School	S	0965 0966
Bus Route Mileage 25	Route #	Length of Ro	ute (miles per day)		Service 🗆 Bus F	Route Mileage	Rated Capacity
Vehicle I.D. # License #	61-603	15		Bus R		Bus Mileage	25
Reimbursement Distribution- Enter the legal entity number and percentage of state-county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	License	#	□ District	Owned		
Legal Entity 1. Legal Entity	4093	7776			•	Owner First Stude	nt Clnc
Legal Entity 0965 % 100.00 % 9% 100.00 % 9% 100.00 % 9% 100.00 % 9% 100.00 % 9% 100.00 % 9% 100.00 Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) LIGIBLE RIDERS ITOTAL ELIGIBLE RIDERS INUMBER NUMBER NUMBER NUMBER Additional Wheelchairs (WC) 2nd Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Paties School Ridders (i.e., under 3 miles So nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Ridders (i.e., under 3 miles So nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Ridders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, McA. We agree to supervision of this bus and bus route by the State Superintendent to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Ecutation, the Mortanian Hard State Superintendent to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Ecutation, the Mortanian Hard State Superintendent to make such reports to the State Superintendent to make such reports to the State Superintendent and County Superintendent to make such reports to the State Superintendent and County Superintendent to make such reports to the state	Reimbursement Distribution- Er	nter the legal er				t to be paid to each di	strict. Note: Percentages
PASSENGER INFORMATION Institute of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades P4-2) ELIGIBLE RIDERS (Grades P4-2) ELIGIBLE RIDERS (Grades P4-2) ELIGIBLE RIDERS (Grades P4-2) (Grades P4-2) (ELIGIBLE RIDERS (Grades P4-2) (Grades		Legal E				Legal Ent	ity
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten nuters) Ist Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include intelligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include intelligible Preschool/Kindergarten riders) TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include intelligible Preschool/Kindergarten riders) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area defined by 20-10-10, MCA. We agree to supervision of this bus and bus route by the State Superintendent and County Superintendent are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent and County Superintendent are required by 20-10-10-10. MCA. We agree to supervision of this bus and bus routed on a special and approved direct to operate suite whello as required by 20-10-10-10. MCA. We used the supervision of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the socuema. We understand that viduations of the laws, rules or regulations governing school transportation will be s	0965						
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route a b c C (Grades 9-12) ELIGIBLE RIDERS Regular (include eligible Preschool/Kindergarten notes) Ist Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include inteligible Preschool/Kindergarten riders) Nonpublic School Riders (ine., under 3 miles OR nonresident and no attendance agreement) (include inteligible Preschool/Kindergarten riders) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation area defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent and County Superintendent are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education. He Montana Highway Patrol and the State Superintendent and County Superintendent of the Website Service of the State Superintendent and County Superintendent for the Montana Highway Patrol and the State Superintendent and County of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transport students from outside the district, a copy of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and	% 100.00	%		%		%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Iding this route a lightly preschool/Kindergarten as a Number Nu		70					
Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) 2nd Wheelchair (WC) 3nd Wheelchair (WC) 4nd Wheelchair (WC) 5nd Wheelchair	Number of Preschool/Kinderga	rten pupils		ERS			-
Regular (include eligible Preschool/Kindergarten (iders) Ist Wheelchair (WC) Additional Wheelchairs (WC) Anne-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (neligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and county Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refar in rom soliciting or causing others to solicit students from other transportation area. We also superior to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refar in rom soliciting or causing others to solicit students from on other transportation area. We also superior to provide a licensed, qualified and approved driver to operate such vehicle as regulated by 20-10-103, MCA. We also agree to refar in rom soliciting or causing others to solicit students from on other transportation area. We also superior to provide a licensed, qualified and proved driver to operate such vehicle as regulated by 20-10-103, MCA. We also agree to refar from soliciting or causing			(======================================		(5.5.	,	
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	This Application for Registration	n of School Bus	and State Reimbursement				
			on commune.			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that
Due Dates All Routes	s:		To C	county Sup			Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
							o ,
Yellowstone Route #	Length	h of Poute	56 e (miles per day)		JS Public Schools f Service □ Bus Route M	iloago	0965 0966 Rated Capacity
	Lengu	ii oi Roule	e (Illies per day)	Type o	□ Non Bus Mile	-	Rated Capacity
47-603	15			Bus F	Route Mileage		14
Vehicle I.D. # 8935		icense # 7831			ct - If so, Name of Owner	Contractor (First Studer	
					cted rate per mile		
Reimbursement Distribution- En	ter the I	legal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages
Legal Entity 0965	L	Legal Enti		Legal E		Legal Entit	ty
0905							
% 100.00		%		%		%	
PASSENGER INFORMATION		,,,		,,,		,,	
Number of Preschool/Kindergart riding this route	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a		b		С
Regular (include eligible Preschool/K	I (indergar	rten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
, ,							
Additional Wheelchairs (WC)	Camilaa						
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda							
agreement)		loro)					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arteri nu	eis)					
TOTAL RIDERS							
We hereby certify that this bus wil County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which r Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes oc	We further us and be meets the ensed, quetting or the laws, as district all be att	er certify that us route by e minimum ualified and causing oth, rules or related to the cauched	at this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate shers to solicit students from a gulations governing school to transports students from outshe county superintendent's control of the state of the s	eligible for school make such romake such romake such romake such romake such vehicle abther transportation ransportation dide the districtory of this do	nool transportation as defined by reports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for with t, a copy of the agreement betwo cument.	y 20-10-101, MC ent and County : Highway Patrol holding of state a reen Boards, 20-	A. Superintendent as are and the State nd county reimbursement for 10-126(2) MCA, signed by
accordance with 20-10-132, MCA.							
I certify that this application for rebus operates on the route as ap	proved	by and wi	thin the transportation se	rvice area a	assigned by the County Tran	sportation Co	mmittee.
Signature - Chair, Board of Trustees						Date	
This Application for Registration area assigned to it by the County	of Scho y Trans	ool Bus ar portation	nd State Reimbursement		accordance with Section eviewed and I certify that thi	s bus operates	
Signature - Chair, County Transporta	ation Cor	nmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of							ne form for e	ach bus route that
Due Date	_		-	ounty Sup		To OPI		Rate Per Mile
All Routes	3		Octol			October 15		\$0.95
County Name		(County Number	District	Name			Legal Entity Number
Yellowstone		į	56	Billing	s Public	Schools		0965 0966
Route #	Length of	Route (m	niles per day)	Type of		☐ Bus Route Mile		Rated Capacity
21-610	15			Bus R	oute Mile	□ Non Bus Mileaeage	ge	14
Vehicle I.D. #	Licer	ise#		□ District	Owned	C	ontractor (_
8938	776	8			ct - If so, N cted rate pe	ame of Owner F er mile	irst Studer	nt Clnc —
Reimbursement Distribution- E	nter the lega	l entity nu		of state/co		ursement to be pa	id to each di	strict. Note: Percentages
Legal Entity	Lega	al Entity	made me	Legal E			Legal Enti	ty
0965								
% 100.00	%	, D		%			%	
PASSENGER INFORMATION		T	ELEMENTARY RIDE	DC	I 111	IGH SCHOOL RID)EDC	TOTAL
Number of Preschool/Kinderga riding this route	rten pupils		(Grades PK-8)	KS	П	(Grades 9-12)		ELIGIBLE RIDERS
			а			b		c
Regular (include eligible Preschool/riders)	Kindergarten		NUMBER			NUMBER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)								
	,							
TOTAL RIDERS								
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from so the words of this bus route. We agree that if this route crosses the school boards of both districts so we understand route changes of accordance with 20-10-132, MCA.	We further ce bus and bus ro meets the mir- ensed, qualifie liciting or cause the laws, rule es district lines hall be attache occurring during	rtify that the oute by the himum stared and apping others or regulars and transed to the copy the school of the sc	nis bus transports pupils e e State Superintendent; to ndards as established by proved driver to operate si to solicit students from of ations governing school tra- sports students from outsic ounty superintendent's co ol year require the filing of	ligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric py of this do f an amende	nool transport eports to the Public Educa s required by tation areas. will be suffici t, a copy of the cument. d TR-1 form a	tation as defined by State Superintender ation, the Montana Hy 20-10-103, MCA. It cause for withhous the agreement between and approval of the cause for with the same approval of the cause for without the same for w	20-10-101, MC nt and County dighway Patrol lding of state a en Boards, 20- County Transp	CA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as a	oproved by a						portation Co	
Signature - Chair, Board of Trustee:	S						Date	
County This Application for Registration area assigned to it by the County	n of School E	Bus and S						
Signature - Chair, County Transport							Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						te one form for e	ach bus route that
Due Dates All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length of	Route (miles per day)	Type of	f Service ☐ Bus Route ☐ Non Bus M	•	Rated Capacity
34-650	15			Bus F	Route Mileage	-	17
Vehicle I.D. #		nse#		☐ District☐ Contra	t Owned ict - If so, Name of Owner	Contractor (First Studer	
7648	368				cted rate per mile		
Reimbursement Distribution- Ent			must m	atch budget	t!		
Legal Entity 0965	Leg	al Entity	,	Legal E	ntity	Legal Enti	ty
% 100.00	0	%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
			а		b	D.	C
Regular (include eligible Preschool/Ki	indergarten		NUMBER		NUMBE	Χ	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ince						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which in Superintendent; and to provide a lice: We also agree to refrain from solic We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts shue understand route changes occurred accordance with 20-10-132, MCA. I certify that this application for rebus operates on the route as app. Signature - Chair, Board of Trustees	We further cess and bus re- sets the mi- nsed, qualifi- iting or caus- ne laws, rule- set district lines- curring durin- egistration	ertify that oute by the coute b	this bus transports pupils e ne State Superintendent; to tandards as established by pproved driver to operate s rs to solicit students from o ulations governing school tr nsports students from outs county superintendent's co nool year require the filing of	eligible for solon make such in the Board of the Board of such vehicle a stitler transportansportation lide the districtopy of this door of an amende resement is to make such as the such	nool transportation as defined reports to the State Superinte Public Education, the Montan so required by 20-10-103, MC tation areas. will be sufficient cause for witt, a copy of the agreement becament. d TR-1 form and approval of true and complete to the barray.	by 20-10-101, MC ndent and County na Highway Patrol A. thholding of state a etween Boards, 20- the County Transp nest of my knowle	SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
This Application for Registration	of School	Bus and	State Reimbursement		accordance with Section eviewed and I certify that the		
area assigned to it by the County Signature - Chair, County Transporta			ommittee.			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates:
County Name County Number District Name Legal Entity Number Yellowstone Route # Length of Route (miles per day) Vehicle I.D. # Tourned License # License # District Name Legal Entity Number District Name Legal Entity Number District Name Legal Entity Number Type of Service Bus Route Mileage Non Bus Mileage 17 Vehicle I.D. # Tourned Contractor Owned Contractor Owned Contract - If so, Name of Owner Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Bus Route Mileage Rated Capacity 47-652 15 District Owned Contractor Owned Contractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity
Route # Length of Route (miles per day) 47-652 15 Bus Route Mileage Non Bus Mileage 17 Vehicle I.D. # Type of Service Bus Route Mileage Bus Route Mileage 17 Vehicle I.D. # Tolorractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Rated Capacity Rated Capacity Legal Contractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Legal Entity Legal Entity Legal Entity Legal Entity
Route # Length of Route (miles per day) 47-652 15 Bus Route Mileage Non Bus Mil
Vehicle I.D. # License # District Owned Contractor Owned
Vehicle I.D. # 7648 License # 3684 Contract Owned Contract or Owned First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0965 Legal Entity Legal Entity Legal Entity
must match budget! Legal Entity 0965 Legal Entity Legal Entity Legal Entity Legal Entity
Legal Entity Use Legal Entity Legal Entity Legal Entity Legal Entity
% 100.00 %
PASSENGER INFORMATION
Number of Preschool/Kindergarten pupils ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS
riding this route (Country)
a b c
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten
riders) 1st Wheelchair (WC)
2nd Wheelchair (WC)
Additional Wheelchairs (WC)
Non-WC IEP Lists Trans as Related Service
TOTAL ELIGIBLE RIDERS
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance
agreement) (Include ineligible Preschool/Kindergarten riders)
Nonpublic School Riders (ineligible)
TOTAL RIDERS
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the
County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are
required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, gualified and approved driver to operate such vehicle as required by 20-10-103, MCA.
We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.
Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MC	A. School dis	strict official must complete	one form for ea	ach bus route that
		-				Rate Per Mile
Due Dates All Routes			County Suptrober 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Route (miles per day)			f Service Bus Route M		Rated Capacity
61-604	15		Bus R	□ Non Bus Mile Route Mileage	eage	17
Vehicle I.D. #	Licens	se#	□ District	Ţ	Contractor C	Owned
7648	3684			ct - If so, Name of Owner cted rate per mile	First Studer	t Clnc
Reimbursement Distribution- En	iter the legal		ge of state/co		aid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entit	у
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70					
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(=:====::-;		(3.3333	-,	
		a		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	janten nacio)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il onerate entir	ely on the route established by the	ne Board of Tru	ustees and within the transports	tion area assigne	ed and approved by the
County Transportation Committee. \(Ve agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further cert us and bus rou meets the mini	ify that this bus transports pupils te by the State Superintendent; t mum standards as established b	eligible for sch to make such r by the Board of	nool transportation as defined by reports to the State Superintend Public Education, the Montana	y 20-10-101, MC lent and County S Highway Patrol a	A. Superintendent as are
We also agree to refrain from soli We understand that violations of	iciting or causir	ng others to solicit students from	other transpor	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse					een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.					e County Transpo	ortation Committee in
I certify that this application for rous operates on the route as ap						
Signature - Chair, Board of Trustees			5. 1100 Grou d	accignously and county true	Date	
	_					
County 1 This Application for Registration area assigned to it by the Count	of School B					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement eve						form for ea	ch bus route that
	ii tilougii tialist	•				F	Rate Per Mile
Due Dates: All Routes		To Co Octo	ounty Supt ber 1		o OPI October 15	\$	\$1.36
County Name		County Number	District	Name			Legal Entity Number
Yellowstone		56	Billina	s Public Scl	hools		0965 0966
	Length of Route (miles per day)			Service I	Bus Route Mileag		Rated Capacity
50-652					Non Bus Mileage Ie		65
Vehicle I.D. #	License #		□ District	oute Mileag Owned		tractor O	wned
9915	4743			ct - If so, Name cted rate per n	e of Owner Firs	t Student	t Clnc —
Reimbursement Distribution- Ente	r the legal entit		of state/co		ement to be paid	to each dist	rict. Note: Percentages
Legal Entity	Legal Enti		Legal E			Legal Entity	1
0965							
% 100.00	%		%			%	
PASSENGER INFORMATION	,,,				_		
Number of Preschool/Kindergarter	n pupils	ELEMENTARY RIDE (Grades PK-8)	RS		SCHOOL RIDER (Grades 9-12)	RS	TOTAL ELIGIBLE RIDERS
riding this route		(0.0000)			(0.0000		
		a			b		С
Regular (include eligible Preschool/Kin	dergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se	ervice						
TOTAL ELIGIBLE RIDERS	CIVICC						
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendan							
agreement) (Include ineligible Preschool/Kindergar	ten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will o	pperate entirely or	n the route established by the	Board of Tru	stees and within	the transportation a	area assigne	d and approved by the
County Transportation Committee. We We agree to supervision of this bus							
required; to provide a vehicle which me Superintendent; and to provide a licens						way Patrol a	nd the State
We also agree to refrain from solicit We understand that violations of the					cause for withholdin	ng of state an	d county reimbursement for
this bus route. We agree that if this route crosses of			·				-
the school boards of both districts shal We understand route changes occu accordance with 20-10-132, MCA.	I be attached to the	e county superintendent's co	py of this dod	cument.	-		
I certify that this application for reg bus operates on the route as appr							
Signature - Chair, Board of Trustees	Oved by and Wi	um uie uansportation sei	vice alea d	sagned by the		ate	
County Tra This Application for Registration o area assigned to it by the County	f School Bus ar						
Signature - Chair, County Transportation	Halloudianion	COMMUNICE.					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with Title	20, Chapter 10, Part 1, MCA	School di	strict official must complete	one form for e	ach bus route that	
		-				Rate Per Mile	
Due Dates All Routes	:		ounty Supt ber 1	t To OPI October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Ro	oute (miles per day)		f Service Bus Route M		Rated Capacity	
59-650	14.6		Bus R	□ Non Bus Mile Route Mileage	eage	65	
Vehicle I.D. #	License	e #	□ District	t Owned	Contractor (
1244	7848			ct - If so, Name of Owner cted rate per mile	First Studer	nt Clnc	
Reimbursement Distribution- Ent	ter the legal e		e of state/co atch budget		oaid to each dis	strict. Note: Percentages	
Legal Entity	Legal I		Legal E		Legal Entit	ty	
0965							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergart	en pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route	<u> </u>	,		,	,		
		a		b		C .	
Regular (include eligible Preschool/K	indergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda							
agreement) (Include ineligible Preschool/Kinderga							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus wil	l operate entire	ly on the route established by the	Board of Tru	Lustees and within the transporta	ation area assign	ed and approved by the	
County Transportation Committee. V We agree to supervision of this bu	Ve further certif	y that this bus transports pupils e	eligible for sch	nool transportation as defined b	y 20-10-101, MC	Α.	
required; to provide a vehicle which n Superintendent; and to provide a lice	neets the minin	num standards as established by	the Board of	Public Education, the Montana	Highway Patrol		
We also agree to refrain from solid We understand that violations of the	citing or causing	g others to solicit students from o	ther transpor	tation areas.		nd county reimbursement for	
this bus route. We agree that if this route crosses			·		· ·	•	
the school boards of both districts sha We understand route changes occ	all be attached	to the county superintendent's co	ppy of this do	cument.			
accordance with 20-10-132, MCA. I certify that this application for re							
bus operates on the route as app					nsportation Co		
Signature - Chair, Board of Trustees					Date		
County T	ransportatio	n Committee Approval as ı	equired in	accordance with Section	20-10-132, MC	CA.	
This Application for Registration area assigned to it by the County	of School Bu	s and State Reimbursement					
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					ete one form for e	each bus route that
		•				Rate Per Mile
Due Date All Routes		To C Octo	ounty Supt ber 1	t To OPI October 15	i	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Route (miles per day)			f Service Bus Route		Rated Capacity
33-603					Mileage	71
Vehicle I.D. #	License :	#	□ District	Route Mileage t Owned	Contractor	Owned
4205	4733			ct - If so, Name of Owne cted rate per mile	r First Stude	nt Clnc
Reimbursement Distribution- E	nter the legal en		of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Ent	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		,0		70	
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
riding this route		(5/44557710)		(0.4400	,	EEIOIBEE KIBEKO
		a		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	R	a + b
riders) 1st Wheelchair (WC)	g					
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
` ,	10					
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby partify that this hus w	ill aparata antiraly	on the route established by the	Poord of Tru	ustons and within the transp	ortation area assign	and and approved by the
We hereby certify that this bus w County Transportation Committee.	We further certify	that this bus transports pupils e	ligible for sch	nool transportation as define	d by 20-10-101, MC	CA.
We agree to supervision of this be required; to provide a vehicle which	meets the minimu	m standards as established by	the Board of	Public Education, the Monta	ana Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing of	others to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.	the laws, rules or	regulations governing school tr	ansportation	will be sufficient cause for w	rithholding of state a	and county reimbursement for
We agree that if this route crosse the school boards of both districts s					etween Boards, 20	-10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the	school year require the filing o	f an amende	d TR-1 form and approval of	the County Transp	ortation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustees		within the transportation se	vice alea a	issigned by the County I	Date Date	mmucc.
County This Application for Registration		Committee Approval as r				
area assigned to it by the Coun	ty Transportation		ius been le	Sviewed and rectiny that	<u> </u>	o within the transportation
Signature - Chair, County Transport	tation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates:	This form is required in accordance					te one form for e	each bus route that
County Name County Number District Name Legal Entity Number Yellowstone For Billings Public Schools Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Non Bus Mileage For District Owned Contractor Owned Contractor Owned Contractor If so, Name of Owner Contractor Owned Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!			· ·	, ,			Rate Per Mile
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Rated Capacity 56-051 14.9 Bus Route Mileage 71 Vehicle I.D. # License # District Owned Contractor Owned 2305 Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							\$1.57
Route # Length of Route (miles per day) 56-051 14.9 Bus Route Mileage Rated Capacity Non Bus Mileage 71 Vehicle I.D. # License # District Owned Contractor Owned 2305 Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!	County Name		County Number	District	Name		Legal Entity Number
Route # Length of Route (miles per day) 56-051 14.9 Bus Route Mileage Rated Capacity Non Bus Mileage 71 Vehicle I.D. # License # District Owned Contractor Owned 2305 Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!	Yellowstone		56	Billing	s Public Schools		0965 0966
Seign 14.9 Bus Route Mileage 71					f Service Bus Route		l l
Vehicle I.D. # 2305 License # Contract Owned Contract or Owned Contract - If so, Name of Owner Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!	56-051					ileage	71
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!	Vehicle I.D. #	License #				Contractor	Owned
must match budget!	2305	4349			-	First Stude	nt Clnc
	Reimbursement Distribution- Enter	er the legal entity				paid to each di	strict. Note: Percentages
	Legal Entity	Legal Enti				Legal Enti	ty
0965	0965						
% 100.00 % %	% 100.00	%		%		%	
PASSENGER INFORMATION		70		70		70	
Number of Preschool/Kindergarten pupils ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS	Number of Preschool/Kindergarte	n nunils		RS			_
riding this route			(3/4435)		(Grades s	,	ELIGIBLE MIBLING
a b c							С
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten	Regular (include eligible Preschool/Kir	ndergarten	NUMBER		NUMBE	₹	a + b
riders) 1st Wheelchair (WC)	riders)						
2nd Wheelchair (WC)	` ,						
Additional Wheelchairs (WC)	` ,						
	` ,						
Non-WC IEP Lists Trans as Related Service		ervice					
TOTAL ELIGIBLE RIDERS	TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance							
agreement) (Include ineligible Preschool/Kindergarten riders)	agreement)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS	TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the	We hereby certify that this bus will a	onerate entirely or	the route established by the	Roard of Tru	ustees and within the transpo	rtation area assign	ed and approved by the
County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are	County Transportation Committee. We	e further certify tha	at this bus transports pupils el	ligible for sch	nool transportation as defined	by 20-10-101, MC	CA.
required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State	required; to provide a vehicle which me	eets the minimum	standards as established by	the Board of	Public Education, the Monta	na Highway Patrol	
Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.	We also agree to refrain from solici	ting or causing oth	ners to solicit students from ot	her transport	tation areas.		
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.	this bus route.			•		J	,
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.	the school boards of both districts shall	II be attached to th	ne county superintendent's co	py of this do	cument.		
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.		urring during the se	chool year require the filing of	an amende	d IR-1 form and approval of	the County Transp	ortation Committee in
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees Date		wi			g 3; a.o ooung 11		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.	This Application for Registration of	of School Bus ar	nd State Reimbursement h				
Signature - Chair, County Transportation Committee Date						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even						ete one form for e	each bus route that	
Due Dates: All Routes			•	ounty Supt		5	Rate Per Mile \$1.36	
						,		
County Name		County Numb	er	District	Name		Legal Entity Number	
Yellowstone		56			s Public Schools		0965 0966	
Route #	Length of R	Route (miles per day)		Type of	Service ☐ Bus Route ☐ Non Bus I	-	Rated Capacity	
	14.1			Bus R	oute Mileage		65	
Vehicle I.D. # License #				□ District		Contractor		
9911 4607				□ Contra	ct - If so, Name of Owne cted rate per mile			
Reimbursement Distribution- Enter	er the legal of	entity number and pe		of state/co		e paid to each di	strict. Note: Percentages	
Legal Entity 0965	Legal	Entity		Legal E		Legal Ent	ity	
% 100.00		%		%				
PASSENGER INFORMATION								
Number of Preschool/Kindergarte	en pupils	ELEMENTAI (Grades		RS	HIGH SCHOO (Grades 9		TOTAL ELIGIBLE RIDERS	
Tiding this route								
		a NUM			b NUMBI	ER .	c a + b	
Regular (include eligible Preschool/Kii riders)	ndergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar								
agreement) (Include ineligible Preschool/Kinderga	rten riders)							
Nonpublic School Riders (ineligible)	,							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County Tr This Application for Registration of area assigned to it by the County	of School Bu	us and State Reimbur			accordance with Secti viewed and I certify that			
Signature - Chair, County Transportat						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev					oompioto oi	10 101111 101 00	D. (D. Mil		
Due Dates	s:			Το Cοι	ınty Supt	То О	PI		Rate Per Mile
All Routes				Octobe	er 1	Octo	ber 15		\$1.57
County Name			County Number	ſ	District Nam	е			Legal Entity Number
Yellowstone			56			ublic Schoo		0965 0966	
Route #	Length of Route (miles per day)				Type of Serv	vice □ Bus			Rated Capacity
03-201	14.	1			Bus Route		Bus Milea	ge	71
Vehicle I.D. #		License	#		District Owr			ontractor C	
4091		7769				f so, Name of rate per mile	Owner Fi	rst Studen	t Clnc —
Reimbursement Distribution- En	ter the	e legal er			of state/county ch budget!	reimburseme	ent to be pai	d to each dis	trict. Note: Percentages
Legal Entity		Legal E		naot mate	Legal Entity			Legal Entit	у
0965									
% 100.00		%			%			%	
PASSENGER INFORMATION			EL EMENTA D	V DIDED		111011.00	NIOOL DID	EDO	TOTAL
Number of Preschool/Kindergard	ten pu	ıpils	ELEMENTAR` (Grades I		S		CHOOL RID ades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route									
						N	b IUMBER		C
Regular (include eligible Preschool/K	Kinderg	garten	NUMB	LK		IN	IUWBER		a + b
riders) 1st Wheelchair (WC)		+							
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Servic	e							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda		3							
agreement) (Include ineligible Preschool/Kinderg		ridoro)							
Nonpublic School Riders (ineligible)	jarterri	iueis)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee.	We furt	ther certify	that this bus transports	pupils elig	ible for school tr	ansportation as	defined by 2	20-10-101, MC	Α.
We agree to supervision of this by required; to provide a vehicle which is Superintendent; and to provide a lice	meets	the minim	um standards as establi	shed by the	e Board of Publi	c Education, the	e Montana Hi		
We also agree to refrain from soli We understand that violations of the	iciting o	or causing	others to solicit student	s from othe	er transportation	areas.		ding of state ar	nd county reimbursement for
this bus route.								· ·	•
the school boards of both districts sh We understand route changes oc	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for r									
bus operates on the route as ap Signature - Chair, Board of Trustees		u by and	within the transporta	tion servi	ce area assigr	ied by the Co		portation Cor Date	nmittee.
County T This Application for Registration area assigned to it by the Count	of Sc	hool Bus							
Signature - Chair, County Transporta								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex		,						ne form for e	
Due Dates All Routes	s:			County ober 1	y Supt		OPI tober 15		Rate Per Mile \$0.95
County Name			County Number	D	District N	Name			Legal Entity Number
Yellowstone			56	Billings Public Schools					0965 0966
Route #	ga			T	ype of	Service □ Bu	us Route Mile on Bus Milea	•	Rated Capacity
03-650 14.3						oute Mileage	!		25
	Vehicle I.D.# License #					Owned ct - If so, Name	_	Contractor (First Studer	
4129	7825					ted rate per mil			
Reimbursement Distribution- En			must m	natch b	oudget!		nent to be pa		
Legal Entity 0965	Lega	l Entity	/	Le	egal Er	ntity		Legal Enti	ty
% 100.00	%				%			%	
PASSENGER INFORMATION	_								
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS			SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS
			а				b NUMBER		C
Regular (include eligible Preschool/K	(indergarten		NUMBER				NUMBER		a + b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for rubus operates on the route as ap								sportation Co	
Signature - Chair, Board of Trustees								Date	
County T This Application for Registration area assigned to it by the Count	of School B	us and							
Signature - Chair, County Transporta	ation Committe	ee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.								one form for e	each bus route that
Due Dates All Routes	s :			Coun ober	ty Supt 1		To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name			Legal Entity Number
Yellowstone			56	Billings Public Schools			Schools		0965 0966
Route #	Length of F	Route	(miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile				Rated Capacity
43-051	14.3				Bus R	oute Mile	age		71
Vehicle I.D. # License #						Owned) ame of Owner i	Contractor	
4215	7832	2				cted rate pe		IISt Stude	——
Reimbursement Distribution- En	ter the legal	entity			state/co		irsement to be p	aid to each di	strict. Note: Percentages
Legal Entity	Legal	l Entity			Legal E			Legal Enti	ty
0965									
% 100.00	%				%			%	
PASSENGER INFORMATION			ELEMENTARY RIDE	-DC		1.11	GH SCHOOL RI	DEDC	TOTAL
Number of Preschool/Kindergard riding this route	ten pupils		(Grades PK-8)	=K3		П	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	Kindergarten		NOWBER				NOMBLIX		a · b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg									
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
Signature - Chair, Board of Trustees			3.2 3.3			- 3-g 2- 2		Date	***
Court- T	ranena-tat:	on C	mmittoe Annrevel ca	ro ~··	irod !=	20004457	o with Soction (20 40 422 84	<u> </u>
This Application for Registration area assigned to it by the Count	of School B y Transporta	us and ation C						bus operate	
Signature - Chair, County Transporta	ation Committe	ee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Titl	e 20, Chapter 10, Part	1, MCA. Scho	ool district offic	cial must complete one	form for ea	ch bus route that
		transportees of anothe		-		F	Rate Per Mile
Due Date All Routes			To County October 1	Supt	To OPI October 15	\$	61.36
County Name		County Number	er Di	strict Name			Legal Entity Number
Yellowstone		56	Ві	illings Publi	c Schools	0965 0966	
Route #	Length of	Route (miles per day)		pe of Service	□ Bus Route Mileag	eage Rated Capacity	
34-003	34		В	us Route M	□ Non Bus Mileage ileage		65
Vehicle I.D. #	Licer	ise#	□ D	istrict Owned	Con	tractor O	
4094	782	4		contract - If so, contracted rate	Name of Owner Firs per mile	t Student	: Clnc
Reimbursement Distribution- Er	nter the lega		rcentage of sta must match bi		bursement to be paid t	o each dist	rict. Note: Percentages
Legal Entity	Lega	al Entity		gal Entity	l	_egal Entity	,
0965							
% 100.00	%	,		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar	ten pupils	ELEMENTAF (Grades			HIGH SCHOOL RIDEF (Grades 9-12)	RS	TOTAL ELIGIBLE RIDERS
riding this route		(11111	-,		(
		а			b		С
Regular (include eligible Preschool/l	Kindergarten	NUMI	BER		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderd							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill onerate ent	rely on the route establish	ned by the Board	of Trustees and	within the transportation a	area assigned	d and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further ce ous and bus ro meets the mir	rtify that this bus transport ute by the State Superinte nimum standards as estab	s pupils eligible fendent; to make solished by the Bo	for school transp such reports to t ard of Public Edi	ortation as defined by 20- he State Superintendent a ucation, the Montana High	10-101, MCA nd County Si	uperintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or caus	ing others to solicit studer	nts from other tra	insportation area	IS.	g of state and	d county reimbursement for
this bus route. We agree that if this route crosse	es district lines	and transports students f	rom outside the	district, a copy o	f the agreement between I	Boards, 20-1	0-126(2) MCA, signed by
the school boards of both districts shaden we understand route changes of accordance with 20-10-132, MCA.	nall be attache	ed to the county superinter	ndent's copy of th	his document.	-		
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		are danoport		34 4001911041	Da Da		
						0.400	
This Application for Registration area assigned to it by the Country	of School E	Bus and State Reimbur			nce with Section 20-1 and I certify that this bus		
Signature - Chair, County Transport					Da	ate	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes		•	To C	ounty Sup ber 1			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length o	of Route (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity	
70-001	70-001				toute Mileage		71	
7696 License # 5330					Owned ct - If so, Name of Owner cted rate per mile	Contractor (First Studer		
Reimbursement Distribution- Ent	ter the leg	gal entity		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Le	gal Entity		Legal E		Legal Entit	у	
% 100.00 %				%		%		
PASSENGER INFORMATION	_		ELEMENTA DV DIDE	-	Lucu coulou B	IDEDO	TOTAL	
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	:K5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	Regular (include eligible Preschool/Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance	s)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County T This Application for Registration area assigned to it by the County	of School	I Bus and	State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						e one form for e	ach bus route that	
Due Dates	•	шапор	•	ounty Sup			Rate Per Mile	
All Routes				ber 1	October 15		\$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		gs Public Schools		0965 0966	
Route #	Length of	Route	(miles per day)	Туре о	f Service □ Bus Route N □ Non Bus Mil	•	Rated Capacity	
47-604	.7-604 16.9 /ehicle I.D.# License #				Route Mileage	O a vatura at a v	65	
9018					t Owned act - If so, Name of Owner acted rate per mile	Contractor (First Studer		
Reimbursement Distribution- Ent	ter the lega	l entity		e of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity 0965	Lega	al Entity		Legal E		Legal Enti	ty	
% 100.00 %				%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
			a NI IMPED		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)			NOWBER		NOWIBER	•	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderga	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County T	ransportat	ion Co	ommittee Approval as	equired in	accordance with Section	20-10-132. MG	CA.	
This Application for Registration area assigned to it by the County	of School E y Transport	Bus and	d State Reimbursement					
Signature - Chair, County Transporta	tion Commit	tee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						mplete one form for	each bus route that	
		ugii iiansp	•				Rate Per Mile	
Due Dates All Routes			To Co Octo	ounty Supt ber 1	t To OPI Octobe	r 15	\$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools	3	0965 0966	
Route #	Route # Length of Route (miles per day)			Service Bus Ro	oute Mileage	Rated Capacity		
31-602	16	6			⊔ Non Bi toute Mileage	us Mileage	71	
Vehicle I.D. #	I	License #		□ District	Owned	Contractor		
2423	-	7783			ct - If so, Name of Ov cted rate per mile	wner First Stude	nt Clnc	
Reimbursement Distribution- En	ter the	legal entity		of state/co		to be paid to each d	istrict. Note: Percentages	
Legal Entity 0965		Legal Entit		Legal E		Legal Ent	ity	
% 100.00		%		%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HIGH SCHO	OOL RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pup	oils	(Grades PK-8)			es 9-12)	ELIGIBLE RIDERS	
			a NUMBER			b MBER	c a + b	
Regular (include eligible Preschool/k riders)	Kinderga	irten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		ters)						
Nonpublic School Riders (ineligible)	iditeri ile	2013)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
							_	
County 1 This Application for Registration area assigned to it by the Count	of Sch	ool Bus an						
Signature - Chair, County Transporta	ation Co	mmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, M	CA. School dis	strict official must complete	one form for ea	ach bus route that
	_	_			1	Rate Per Mile
Due Dates All Routes			o County Supt ectober 1	t To OPI October 15	:	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of R	coute (miles per day)		Service Bus Route Mi		Rated Capacity
56-302	15.1		Bus R	□ Non Bus Mile Soute Mileage	age	65
Vehicle I.D. #	Licens	se #	□ District	: Owned (Contractor C	
9913	4741			ct - If so, Name of Owner cted rate per mile	First Studen	t Clnc —
Reimbursement Distribution- En	iter the legal		age of state/co t match budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entity	/
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	, ,		_			
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(11111	-,	(,	
		а		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	arten nacio)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il onerate entire	l	the Board of Tru	Istees and within the transporta	tion area assigne	d and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further cert us and bus rou meets the mini	ify that this bus transports pupi te by the State Superintendent mum standards as established	ils eligible for sch t; to make such ro I by the Board of	nool transportation as defined by eports to the State Superintendo Public Education, the Montana	/ 20-10-101, MCA ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	citing or causir	ng others to solicit students from	m other transport	tation areas.	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse	s district lines a	and transports students from o	utside the district	t, a copy of the agreement betw	een Boards, 20-1	0-126(2) MCA, signed by
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.	nall be attached	to the county superintendent's	s copy of this dod	cument.		
I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees				J J	Date	
	•				20.40.400.100	
This Application for Registration area assigned to it by the Count	of School Bu	us and State Reimburseme		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of					lete one form for e	each bus route that
	-	•				Rate Per Mile
Due Date All Routes			ounty Supt ber 1	t To OPI October 1	5	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Ro	ute (miles per day)		f Service Bus Rout		Rated Capacity
63-601	15		Bus R	□ Non Bus Route Mileage	Mileage	71
Vehicle I.D. #	License	#	□ District		Contractor	Owned
1745	7784			ct - If so, Name of Own cted rate per mile	er First Studer	nt Clnc
Reimbursement Distribution- E	nter the legal er		e of state/co atch budget		be paid to each di	strict. Note: Percentages
Legal Entity	Legal E		Legal E		Legal Enti	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kinderga	rten nunils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS
riding this route		(Glados i it o)		(Grados	0 12)	ELIGIBLE MIBLING
		a		b		С
Regular (include eligible Preschool/	/Kindergarten	NUMBER		NUMB	ER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
, ,	10					
Non-WC IEP Lists Trans as Related	a Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill operate entirely	on the route established by the	Roard of Tru	istees and within the trans	nortation area assign	ed and approved by the
County Transportation Committee.	We further certify	that this bus transports pupils e	eligible for sch	nool transportation as defin	ed by 20-10-101, MC	CA.
We agree to supervision of this to required; to provide a vehicle which	meets the minimu	um standards as established by	the Board of	Public Education, the Mon	tana Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing	others to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.			·		· ·	,
We agree that if this route crosse the school boards of both districts s	hall be attached to	o the county superintendent's co	ppy of this do	cument.		
We understand route changes o accordance with 20-10-132, MCA.	ccurring during the	e school year require the filing o	of an amende	d TR-1 form and approval o	of the County Transp	ortation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustee:		are dansportation se	. TIOC area a	congrict by the County	Date	
County This Application for Registration		Committee Approval as a and State Reimbursement				
area assigned to it by the Coun Signature - Chair, County Transport	ity Transportatio				Date	·
orginature - Oriair, County Transpor	tation Committee				Dale	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e			on bao roate that					
Due Dates	s:		To Co	ounty Supt	То	OPI	1	Rate Per Mile
All Routes	i		Octob	per 1	Od	ctober 15		\$1.57
County Name			County Number	District Na	ame		Legal Entity Number	
Yellowstone			56		Public Sch		0965 0966	
Route #	Length of Route (miles		(miles per day)	Type of S	Type of Service □ Bus		_	Rated Capacity
03-003	15			Bus Rou	☐ Non Bus Milea Bus Route Mileage			71
Vehicle I.D. #	L	_icense #		□ District O		ontractor C		
4091	7	7769			- If so, Name ed rate per mi	of Owner Fi	rst Studen	t Clnc —
Reimbursement Distribution- En	nter the I	legal entity		of state/coun tch budget!	ty reimburser	ment to be pai	d to each dis	trict. Note: Percentages
Legal Entity	L	Legal Enti		Legal Enti	ty		Legal Entity	1
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	20		0011001 DID	EDO	TOTAL
Number of Preschool/Kindergar	ten pupi	ils	ELEMENTARY RIDEI (Grades PK-8)	RS		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route								
			a			b NUMBER		C
Regular (include eligible Preschool/k	 Kindergar	rten	NOWBER	NUMBER N		NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		loro)						
Nonpublic School Riders (ineligible)	janten nu	ieis)						
TOTAL RIDERS								
We hereby certify that this bus wi	We furthe	er certify tha	at this bus transports pupils el	igible for schoo	I transportation	as defined by 2	0-10-101, MCA	۸.
We agree to supervision of this by required; to provide a vehicle which a Superintendent; and to provide a lice	meets the	e minimum	standards as established by t	he Board of Pu	blic Education,	the Montana Hi		
We also agree to refrain from soli We understand that violations of	iciting or	causing oth	ers to solicit students from ot	her transportati	on areas.		ding of state an	d county reimbursement for
this bus route. We agree that if this route crosse				·			J	•
the school boards of both districts sh We understand route changes on	nall be att	tached to th	e county superintendent's co	oy of this docur	nent.		,	, , ,
accordance with 20-10-132, MCA. I certify that this application for r								
bus operates on the route as ap Signature - Chair, Board of Trustees	•	by and wi	triin the transportation ser	vice area ass	igned by the		Dortation Con	IIIIIIIEE.
County T This Application for Registration area assigned to it by the Count	of Scho	ool Bus ar						
Signature - Chair, County Transporta			<u> </u>				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes	•		To C	ounty Sup ber 1			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length	ength of Route (miles per day)		Type of	f Service □ Bus Route Mi □ Non Bus Mile	_	Rated Capacity	
03-004	15			Bus R	toute Mileage		71	
Vehicle I.D. # 4091		icense # 769			Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor (First Studer		
Reimbursement Distribution- Ent	ter the le	egal entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Le	egal Entity		atch budget Legal E		Legal Entit	у	
% 100.00		%		%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	-DC	LIICH CCHOOL DI	DEDC	TOTAL	
Number of Preschool/Kindergart riding this route	en pupils	s	(Grades PK-8)	:K5	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	indergarte	en	NOMBLIX		NOMBER			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance	ers)						
TOTAL RIDERS								
County T This Application for Registration area assigned to it by the County	of School	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ex						one form for e	ach bus route that	
Due Dates All Routes				Sounty Suprober 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length o	ength of Route (miles per day)		Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity	
31-650	15.8			Bus R	Route Mileage	•	25	
Vehicle I.D. #	Lic	ense #		□ District	t Owned ct - If so, Name of Owner	Contractor (
1829	77	65			cted rate per mile	i iist Otaaci		
Reimbursement Distribution- En	iter the leg	gal entity		e of state/co		oaid to each dis	strict. Note: Percentages	
Legal Entity 0966	Le	gal Entity		Legal E		Legal Entit	у	
% 37.00		% 63.	00	%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	ERS	HIGH SCHOOL R	IDERS	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils		(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K	Kindergarte	n					ŭ .	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders	s)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County T	ransport	ation Co	mmittee Approval as	required in	accordance with Section		CA .	
This Application for Registration area assigned to it by the Count	of Schoo y Transpo	l Bus and ortation C	d State Reimbursement					
Signature - Chair, County Transporta	ation Comm	nittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						orm for ea	ch bus route that
	-					F	Rate Per Mile
Due Date All Routes		To Co Octo	ounty Supt ber 1		OPI tober 15	\$	\$1.57
County Name		County Number	District	Name			Legal Entity Number
Yellowstone		56	Billing	s Public Sch	ools		0965 0966
Route #	Length of Rout	e (miles per day)		Service Be	us Route Mileage		Rated Capacity
64-600	15.5		Bus R	☐ Non Bus Milea Bus Route Mileage			71
Vehicle I.D. #	License #		□ District			ractor O	wned
4211	7755			ct - If so, Name cted rate per mi	of Owner First e	Student	t Clnc
Reimbursement Distribution- Er	nter the legal enti				nent to be paid to	each dist	rict. Note: Percentages
Legal Entity	Legal En		atch budget Legal E		L	egal Entity	/
0965							
0/ 400.00	0/		0/			0/	
% 100.00 PASSENGER INFORMATION	%		%		_	%	
	dan availa	ELEMENTARY RIDE	RS		SCHOOL RIDER	S	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)		(Grades 9-12)		ELIGIBLE RIDERS
		a			b		С
Describer (in alcode all rible Describes)	Circula annumber	NUMBER			NUMBER		a + b
Regular (include eligible Preschool/l riders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderg	parten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely o	on the route established by the	Board of Tru	istees and within t	ne transportation ar	ea assigne	d and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify thous and bus route be meets the minimun	nat this bus transports pupils e y the State Superintendent; to n standards as established by	ligible for sch make such r the Board of	nool transportation eports to the State Public Education,	as defined by 20-10 Superintendent an the Montana Highw	0-101, MCA d County S	A. uperintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causing of	thers to solicit students from o	ther transpor	tation areas.		of state an	d county reimbursement for
this bus route. We agree that if this route crosse					eement between B	oards, 20-1	0-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.					oproval of the Coun	nty Transpoi	rtation Committee in
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees				. 5 22.25	Dat		
			_				
This Application for Registration area assigned to it by the Coun	of School Bus a						
Signature - Chair, County Transport					Dat	е	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.							
Due Dates All Routes			o County Sup October 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Route (miles per day)		Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity	
51-601	16		Bus F	Route Mileage	_	65	
Vehicle I.D. #	License	2 #	☐ Distric	t Owned(lct - If so, Name of Owner I	Contractor C First Studen		
2415	7767		□ Contra	cted rate per mile			
Reimbursement Distribution- En		mus	t match budge	t!	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Legal E	Entity	Legal E	intity	Legal Entity	У	
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTARY R	IDED0	LIIOU GOUGOL DI	DEDO	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY R (Grades PK-		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/kiriders)	Kindergarten	NONBER		NOWBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		•			Date		
County T This Application for Registration area assigned to it by the Count	of School Bus	s and State Reimburseme		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					complete one form for	or each bus route that
						Rate Per Mile
Due Date All Routes		Octo	ounty Supt ber 1		bber 15	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Scho	ols	0965 0966
Route #	Length of Rout	e (miles per day)		Service Bus	Route Mileage	Rated Capacity
70-601	16		Bus R	⊔ Nor oute Mileage	n Bus Mileage	65
Vehicle I.D. #	License #	:	□ District	Owned	Contracto	
4116	7822			ct - If so, Name of cted rate per mile	Owner First Stud	dent Clnc
Reimbursement Distribution- En	nter the legal enti		of state/co		ent to be paid to each	district. Note: Percentages
Legal Entity	Legal En		Legal E		Legal E	Entity
0966						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		CHOOL RIDERS rades 9-12)	TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		а		_	b	С
Regular (include eligible Preschool/	Kindergarten	NUMBER		N	IUMBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify thous and bus route be meets the minimur	nat this bus transports pupils e y the State Superintendent; to n standards as established by	ligible for sch make such r the Board of	nool transportation as eports to the State S Public Education, th	s defined by 20-10-101, Superintendent and Cou e Montana Highway Pa	MCA. nty Superintendent as are
	liciting or causing o	thers to solicit students from of	ther transpor	tation areas.		te and county reimbursement for
this bus route. We agree that if this route crosse					ement between Boards,	20-10-126(2) MCA, signed by
the school boards of both districts s We understand route changes of accordance with 20-10-132, MCA.					proval of the County Tra	nsportation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustees				<u> </u>	Date	
·						
This Application for Registration area assigned to it by the Coun	n of School Bus a					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex							
Due Dates All Routes	:		County Suprober 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Route (miles per day)		Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity	
03-001 Vehicle I.D. #	16 License :	ц.		toute Mileage	-	65	
9908	4604	#		: Owned ct - If so, Name of Owner f cted rate per mile	Contractor C First Studen		
Reimbursement Distribution- En	ter the legal en		ge of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0965	Legal Er		natch budget Legal E		Legal Entit	у	
% 100.00	%		%		%		
PASSENGER INFORMATION	,,,						
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/K riders)	indergarten	NUIVIBER		NOWBER		a + D	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
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I certify that this application for rebus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County T This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates: All Routes	-		ounty Supt	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	ength of Route	e (miles per day)	Type of	Type of Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity		
	16		Bus R	oute Mileage		65		
Vehicle I.D. #	License #		□ District	Owned (ct - If so, Name of Owner)	Contractor C			
9919	4747			cted rate per mile	iist Studen			
Reimbursement Distribution- Enter	r the legal entit		e of state/co atch budget		aid to each dis	trict. Note: Percentages		
Legal Entity 0965	Legal Ent		Legal E		Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	RS	HIGH SCHOOL R	DERS	TOTAL		
Number of Preschool/Kindergarter riding this route	n pupils	(Grades PK-8)		(Grades 9-12	()	ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindriders)	dergarten	NOMBER		Nomber		u s		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Se	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendant agreement) (Include ineligible Preschool/Kindergart	ce							
Nonpublic School Riders (ineligible)	lett fide(3)							
TOTAL RIDERS								
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This Application for Registration of	f School Bus a	nd State Reimbursement		accordance with Section aviewed and I certify that this				
area assigned to it by the County Signature - Chair, County Transportation		Committee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						one form for e	ach bus route that	
Due Dates All Routes	•	·	To C	ounty Sup ber 1			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length of Route (miles per day)		(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity	
33-033	131			Bus Route Mileage 71				
Vehicle I.D. # 4220	E60	ense # 64			t Owned C ct - If so, Name of Owner C cted rate per mile	Contractor (First Studer		
Reimbursement Distribution- Ent	ter the lega	al entity		of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0966	Leg	gal Entity 09		atch budget Legal E		Legal Entit	ty	
% 44.00	(% 56.	00	%		%		
PASSENGER INFORMATION		70 JU.	00	70		70	_	
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Ki riders)	indergarten	1	NOMBER		NOMBER		a + 5	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance	i)						
TOTAL RIDERS								
County To This Application for Registration area assigned to it by the County	of School	Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates: All Routes County Name County Name County Name County Name District Name Legal Entity Number Yellowstone 56 Billings Public Schools 9965 0966 Bouls # Longth of Route (miles per day) 112 Bus Route Mileage 71 Pate Route Mileage 71 Pate Route Mileage 71 District Name Legal Entity Number Pate Route Mileage 71 District Owned Contractor of owner Contractor of aper mile Longth of Route (miles per day) 112 Bus Route Mileage 71 Pate Route Mileage 71 Pate Route Mileage 71 Reimbursement Distribution—Enter the legal entity number and percentage of state-documy reimbursement to be paid to each district. Note: Percentages must enter budget! Legal Entity 9666 % 38 00 % 62 00 PassENSER INFORMATION Rumber of Preschool/Kindergarten pupils (Grades PK-B) Regular (include eligible Pecchool/Kindergarten pupils (Grades PK-B) Regular (include eligible Pecchool/Kindergarten fider) Regular (include eligible Pecchool/Kindergarten fiders) Regular (include eligible Pecchool/Kindergarten	receives state reimbursement e	ven though tra	nsportees of another le	egal enti	ty may utili	ze the service	s.		Data Dan Mila
Vellowstone S6 Billings Public Schools O965 0966 Route #									Rate Per Mile \$1.57
Source Bus Route Mileage Rated Capacity To Bus Route Mileage Rated Capacity To Bus Route Mileage Rated Capacity To Bus Route Mileage To Bus Ro	County Name		County Number		District N	lame			Legal Entity Number
33-009 112 BUS ROUTE Mileage 71 Vehicle I.D. #									
Sus Route Mileage	Route #	Length of Ro	ute (miles per day)		Type of S				Rated Capacity
Vehicle ID. # License # District Owned Contractor Owned Contractor Owned Contractor Owned Contractor Owned Contractor owner First Student Clnc Contractor also per mile Contractor also per mile Contractor also per mile Contractor owner	33-009	112			Bus Ro			age	71
Reimbursement Distribution-Enter the legal entity number and percentage of statecounty reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	License	: #		District C	Dwned	C		
Legal Entity 0966 We assended the process of the p	4218	7847						irst Studen	t Clnc
Legal Entity 0966	Reimbursement Distribution- En	ter the legal e				nty reimburse	ment to be pa	aid to each dis	trict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGI	Legal Entity	Legal E		ust mate		tity		Legal Entity	у
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils inding this route a NUMBER Regular (include eligible Preschool/Kindergarten number in Number						•			
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS nding this route a NUMBER N	% 38.00	%	62.00		%			%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten inders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten inders) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation. Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent or under such required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Parol and the State supervision of the solicing or causing others to solicit students from other transportation area. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus reads of both districts shall be attached to the county superintendent's copy of the agreement between Boards, 20-10-126(2) MCA. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA. We also agree to refrain from soliciting or causing others to solicit students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA. We also agree to r									
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This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
	This Application for Registration	of School Bus	and State Reimburser						
	,		on Committee.					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						e one form for ea	ach bus route that
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length of	of Route ((miles per day)	Type of	f Service □ Bus Route N □ Non Bus Mil		Rated Capacity
34-651	14			Bus R	Route Mileage		71
Vehicle I.D. #		ense # 347			t Owned act - If so, Name of Owner acted rate per mile	Contractor (First Studer	
Reimbursement Distribution- Enter the legal entity number				e of state/co	ounty reimbursement to be	paid to each dis	strict. Note: Percentages
Legal Entity 0965	Le	egal Entity		Legal E		Legal Entit	y
% 100.00		%		%		%	
PASSENGER INFORMATION	_						
Number of Preschool/Kindergar riding this route	ten pupils	5	ELEMENTARY RIDE (Grades PK-8)	=RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
			a NUMBER		b		C
Regular (include eligible Preschool/Kindergarten					NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		rs)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
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Signature - Chair, Board of Trustees	S					Date	
County 1 This Application for Registration area assigned to it by the Count	of Schoo	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transporta	ation Comn	mittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev						e one form for e	ach bus route that	
Due Dates : All Routes	_	·	_	ounty Supt			Rate Per Mile \$1.57	
County Name		County No	umber	District	Name		Legal Entity Number	
Yellowstone		56			s Public Schools		0965 0966	
Route #	Length of R	Route (miles per d	ay)	Type of	Service Bus Route I Non Bus Mi	-	Rated Capacity	
70-022 97.6				Bus R	oute Mileage	Ū	71	
Vehicle I.D. # License #				□ District	Owned ct - If so, Name of Owner	Contractor (
4209	7753	}			cted rate per mile	First Stude	——————————————————————————————————————	
Reimbursement Distribution- Ent	er the legal	entity number and		of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity 0966	Legal	Entity		Legal E		Legal Enti	ty	
% 100.00	%			%		%		
PASSENGER INFORMATION		NTARY RIDE	DC	HIGH SCHOOL	DIDEDO	TOTAL		
Number of Preschool/Kindergarte	en pupils		ades PK-8)	K3	(Grades 9-		ELIGIBLE RIDERS	
		N	a IUMBER		b NUMBEF	<u> </u>	c a + b	
Regular (include eligible Preschool/Ki	ndergarten	I IN	IUNDER		NOMBER	\ <u> </u>	a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderga								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County Tr This Application for Registration of area assigned to it by the County	of School Bu	us and State Rein			accordance with Section wiewed and I certify that the			
Signature - Chair, County Transportate						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.							ete one		
Due Dates All Routes				County ober 1	y Supt	To OPI October 1	5		Rate Per Mile \$0.95
County Name			County Number	D	District N	Name			Legal Entity Number
Yellowstone			56			s Public Schools			0965 0966
Route #	Length of	Route	(miles per day)	Т	Type of		☐ Bus Route Mileage☐ Non Bus Mileage		Rated Capacity
67-653				_ B	Bus Ro	oute Mileage			25
Vehicle I.D. #	Vehicle I.D. # License #				District (Owned ct - If so, Name of Own		tractor (
4129	782				Contrac	ted rate per mile			
Reimbursement Distribution- En	iter the lega	al entity			tate/cou budget!		oe paid t	o each dis	strict. Note: Percentages
Legal Entity 0965	Leg	al Entity			egal En		L	₋egal Entit	y
% 100.00	q	%			%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)			HIGH SCHOO (Grades		RS	TOTAL ELIGIBLE RIDERS
			a			b			С
Regular (include eligible Preschool/K	Kindergarten		NUMBER			NUMB	EK		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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Signature - Chair, Board of Trustees							Da		
County T This Application for Registration area assigned to it by the Count	of School	Bus and							
Signature - Chair, County Transporta	ation Commit	ttee					Da	ite	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.	nce with Title	e 20, Chapter 10, Part 1, Mo	CA. School dis	strict official must complete of	one form for ea	ach bus route that		
						Rate Per Mile		
Due Dates All Routes			County Supt ctober 1	t To OPI October 15	:	\$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56	Billing	s Public Schools	0965 0966			
Route #	Length of F	Route (miles per day)		Service Bus Route Mi		Rated Capacity		
54-653	9		Bus R	□ Non Bus Milea Coute Mileage	age	14		
Vehicle I.D. #	Licen	se#	□ District	•	Contractor C	Owned		
8938	7768	3		ct - If so, Name of Owner F cted rate per mile	First Studen	t Clnc		
Reimbursement Distribution- En	ter the legal		age of state/co match budget		aid to each dis	trict. Note: Percentages		
Legal Entity	Lega	I Entity	Legal E		Legal Entity	у		
0965								
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route		(11111	- ,	(**************************************	,			
		а		b		С		
Regular (include eligible Preschool/k	Cindergarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	arterrinaers)							
TOTAL RIDERS								
We hereby certify that this bus wi	II onerate enti	rely on the route established by	the Board of Tru	stees and within the transportat	ion area assigne	ed and approved by the		
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which it	Ne further cer us and bus ro	tify that this bus transports pupi ute by the State Superintendent	ls eligible for sch	nool transportation as defined by eports to the State Superintende	20-10-101, MC/ ent and County S	A. Superintendent as are		
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of t	citing or causi	ng others to solicit students from	m other transport	tation areas.	olding of state ar	nd county reimbursement for		
this bus route. We agree that if this route crosse	s district lines	and transports students from or	utside the district	t, a copy of the agreement betwe	een Boards, 20-1	10-126(2) MCA, signed by		
the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.	all be attache	d to the county superintendent's	s copy of this doo	cument.				
I certify that this application for r	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees		are transportation		and a state of the country in the	Date			
					0.40.400.555			
This Application for Registration area assigned to it by the Count	of School B	us and State Reimburseme		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
Due Date All Routes				To Cou Octobe	inty Supt er 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Yellowstone			56			s Public Schools		0965 0966
Route #	Len	gth of Rou	te (miles per day)		Type of	f Service Bus Route M Non Bus Mile		Rated Capacity
02-001	9				Bus R	Route Mileage	_	71
Vehicle I.D. #		License #	'		District	t Owned act - If so, Name of Owner	Contractor (Owned
1747		768A				cted rate per mile		
Reimbursement Distribution- Er	nter th	e legal ent			f state/co ch budget		oaid to each dis	strict. Note: Percentages
Legal Entity 0965		Legal Er			Legal E		Legal Enti	ty
0903								
% 100.00		%			%		%	
PASSENGER INFORMATION			EL EMENTA DV	DIDED	<u> </u>	HIGH COHOOL B	IDEBC	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	upils	ELEMENTARY F (Grades PK		5	HIGH SCHOOL R (Grades 9-1:		ELIGIBLE RIDERS
			a NUMBER	2		b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderg	garten	NONDE	`		NOMBER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Servic	ce						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	lance							
Nonpublic School Riders (ineligible)		iluoio)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		~ j and t		55171	- 5 a. oa a	gou	Date	
0	T		Committee Access		!	annual man with Over	20 40 400 511	>A
This Application for Registration area assigned to it by the Coun	of So ty Trai	chool Bus a nsportation	and State Reimbursen			accordance with Section eviewed and I certify that the	s bus operates	
Signature - Chair, County Transport	ation C	Committee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Dates All Routes	ven though trar	nsportees of another lega		lize the services.	e one ionii ioi e	Rate Per Mile \$1.57
County Name		County Number	District I	Name		Legal Entity Number
Yellowstone		56	Billings	s Public Schools		0965 0966
Route #	Length of Ro	ute (miles per day)		Service Bus Route		Rated Capacity
56-002	9		Bus R	□ Non Bus Mi oute Mileage		71
Vehicle I.D. #	License	#	□ District		Contractor	
1764	5071			ct - If so, Name of Owner cted rate per mile	First Studei	nt Cinc —
Reimbursement Distribution- Er	ter the legal er				paid to each di	strict. Note: Percentages
Legal Entity	Legal E		match budget! Legal Er		Legal Enti	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV DV	DED0	111011 0011001	DIDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RII (Grades PK-8	-	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBEF	₹	c a+b
Regular (include eligible Preschool/k	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance					
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts structure with the supervision of the	We further certify us and bus route meets the minimulansed, qualified a citing or causing the laws, rules or a district lines annual be attached to	that this bus transports pupil by the State Superintendent; im standards as established approved driver to operate others to solicit students from regulations governing school d transports students from our of the county superintendent's	Is eligible for sche; to make such re by the Board of le such vehicle as nother transport old transportation vutside the districts copy of this doc	ool transportation as defined eports to the State Superinter Public Education, the Montar is required by 20-10-103, MC ation areas. Will be sufficient cause for with a copy of the agreement becament.	by 20-10-101, MC ndent and County na Highway Patrol A. hholding of state a tween Boards, 20	SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for rous operates on the route as ap						
Signature - Chair, Board of Trustees					Date	
County 1 This Application for Registration area assigned to it by the County	of School Bus		-			
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e								
Due Dates	s:		To Co	ounty Supt		То ОРІ	l	Rate Per Mile
All Routes	i		Octob	per 1		October 15		\$1.57
County Name			County Number	District N	lame			Legal Entity Number
Yellowstone			56	Billings	Public S	chools		0965 0966
Route #	Length	of Route	(miles per day)	Type of S	Type of Service ☐ Bus			Rated Capacity
51-652	9.1			Bus Ro	oute Milea	Non Bus Milea	ge	71
Vehicle I.D. #	Li	icense #		□ District C	Owned	С	ontractor C	
7696	5	5330			t - If so, Nan ted rate per	ne of Owner F mile	irst Studen	t Clnc —
Reimbursement Distribution- En	nter the le	egal entity		of state/cou	nty reimburs	sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	L	_egal Entit		Legal Ent	tity		Legal Entity	/
0966								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTARY RIDER	20	ШС	H SCHOOL RIE	VEDC.	TOTAL
Number of Preschool/Kindergar	ten pupil	ils	(Grades PK-8)	13	пів	(Grades 9-12)	JEKS	ELIGIBLE RIDERS
riding this route								
			а			р		C
Regular (include eligible Preschool/h	 Kindergart	ten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement)		,						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further us and bu meets the	er certify that us route by the minimum s	t this bus transports pupils eli the State Superintendent; to i standards as established by t	igible for scho make such rep the Board of P	ol transportat ports to the Si ublic Education	ion as defined by tate Superintender on, the Montana H	20-10-101, MCA nt and County S	A. Superintendent as are
We also agree to refrain from soli We understand that violations of	iciting or c	causing oth	ers to solicit students from oth	her transporta	tion areas.		lding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse			•	,		agreement betwe	en Boards, 20-1	0-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	i		,		-	j	Date	
County 1	Franspo	rtation Co	ommittee Approval as re	equired in a	ccordance	with Section 2	0-10-132, MC	A.
This Application for Registration area assigned to it by the Count	of Scho ty Transp	ool Bus an portation (d State Reimbursement h					
Signature - Chair, County Transporta	ation Com	nmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex						one form for ea	ach bus route that	
Due Dates All Routes				Sounty Supr ober 1	To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length of	of Route (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity	
39-650	650 9.3			Bus R	toute Mileage		65	
Vehicle I.D. #	Lic	cense #		□ District		Contractor (
3414	47	748			ct - If so, Name of Owner cted rate per mile	First Studer	it Cinc	
Reimbursement Distribution- En	ter the le	gal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Le	egal Entity		Legal E		Legal Entit	у	
% 100.00 PASSENGER INFORMATION		%		%		%		
Number of Preschool/Kindergard riding this route	ten pupils	5	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			а		b		C	
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	rs)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration	of Schoo	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transporta			ommuee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e					one form for e	each bus route that	
	-	•				Rate Per Mile	
Due Date All Routes		To Co Octol	ounty Supt ber 1	t To OPI October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Rou	te (miles per day)		f Service Bus Route N		Rated Capacity	
43-201	9.6		Bus R	□ Non Bus Mil Route Mileage	eage	65	
Vehicle I.D. #	License :	#	□ District		Contractor	Owned	
2202	4613			ct - If so, Name of Owner cted rate per mile	First Stude	nt Clnc	
Reimbursement Distribution- En	nter the legal en				paid to each di	strict. Note: Percentages	
Legal Entity 0965	Legal Er		Legal E		Legal Enti	ity	
0/ 100.00	0/		0/		0/		
% 100.00 PASSENGER INFORMATION	%		%		%		
	ton nunile	ELEMENTARY RIDE	RS	HIGH SCHOOL F		TOTAL ELIGIBLE RIDERS	
Number of Preschool/Kindergal riding this route	nteri pupiis	(Grades PK-8)		(Grades 9-1	2)	ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/riders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attention							
agreement) (Include ineligible Preschool/Kinder							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as a	oproved by and						
Signature - Chair, Board of Trustees					Date		
County This Application for Registration area assigned to it by the Coun	n of School Bus						
Signature - Chair, County Transport					Date	_	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					lete one form for e	each bus route that
	-					Rate Per Mile
Due Date All Routes		To C Octo	ounty Supt ber 1	t To OPI October 1	5	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	te (miles per day)		f Service Bus Rout		Rated Capacity
34-601	9.7		Bus R	□ Non Bus Route Mileage	Mileage	65
Vehicle I.D. #	License #	‡	□ District		Contractor	Owned
9919	4747			ct - If so, Name of Own cted rate per mile	er First Stude	nt Clnc —
Reimbursement Distribution- E	nter the legal ent		of state/co		be paid to each di	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Ent	ity
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		,0		70	
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOC (Grades		TOTAL ELIGIBLE RIDERS
riding this route		(3.4433.1.1.3)		(Grades	0 12)	ELIGIBLE KIBEKO
		а		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMB	ER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
` ,	10					
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	vill operate entirely	on the route established by the	Board of Tru	istees and within the transi	nortation area assign	and approved by the
County Transportation Committee.	We further certify t	hat this bus transports pupils e	ligible for sch	nool transportation as defin	ed by 20-10-101, MC	CA.
We agree to supervision of this be required; to provide a vehicle which	meets the minimu	m standards as established by	the Board of	Public Education, the Mon	tana Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing of	thers to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.			•		ū	,
We agree that if this route crosse the school boards of both districts s	hall be attached to	the county superintendent's co	py of this do	cument.		
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the	school year require the filing o	f an amende	d TR-1 form and approval o	of the County Transp	ortation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustees		are adireportation set		congride by the County	Date	
This Application for Registration	n of School Bus					
area assigned to it by the Coun Signature - Chair, County Transport		n Committee.			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						one form for ea	ach bus route that	
Due Dates All Routes	s:		To C	ounty Supt ber 1			Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Length	of Route (miles per day)	Type of	Service Bus Route M Non Bus Mile	•	Rated Capacity	
47-651	9.7			Bus R	oute Mileage		71	
Vehicle I.D. #	Lic	cense #		□ District	Owned ct - If so, Name of Owner	Contractor (
7650	47	727			cted rate per mile		It Offic	
Reimbursement Distribution- En	iter the le	egal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity 0965	Le	egal Entity		Legal E		Legal Entit	у	
0905								
% 100.00		%		%		%		
PASSENGER INFORMATION ELEMENTAR				:DC	HIGH SCHOOL R	IDEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	s	(Grades PK-8)	.NO	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			HOMBER		HOMBER		u · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	rs)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that thi			
Signature - Chair, County Transporta			ommuce.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
Due Dates: All Routes	·		County Suprober 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Ro	ute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity	
	9.8		Bus R	toute Mileage		65	
Vehicle I.D. # 9913	License 4741	#	 □ District Owned □ Contract - If so, Name of Owner First Student Clnc □ Contracted rate per mile				
Reimbursement Distribution- Ente	er the legal er		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Legal E		natch budget Legal E	Legal Entity Legal Entity			
% 100.00	%		%		%		
PASSENGER INFORMATION	/0						
Number of Preschool/Kindergarte riding this route	n pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)				NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergar Nonpublic School Riders (ineligible)	ice						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration o	f School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transportation		on Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.								ne form for e	
Due Dates All Routes				Count ober 1	ty Supt		OPI ctober 15		Rate Per Mile \$0.95
County Name			County Number		District I	Name			Legal Entity Number
Yellowstone			56			s Public Sch			0965 0966
Route #	Length	of Route	(miles per day)	1	Type of	Service □ B	us Route Mile lon Bus Milea	•	Rated Capacity
63-654	10			_ E	Bus Route Mileage		Э		17
Vehicle I.D. #	Li	icense #			District	Owned ct - If so, Name		ontractor (
7648	30	684				ted rate per mi		IISt Studer	
Reimbursement Distribution- En	iter the le	egal entity					ment to be pa	id to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity		ust match budget! Legal Entity Legal				Legal Entit	Y
0965									
% 100.00		%			%			%	
PASSENGER INFORMATION			ELEMENTARY RID	CDC.		LIIOLL	SCHOOL RIE	NEDC.	TOTAL
Number of Preschool/Kindergard riding this route	ten pupil:	ls	(Grades PK-8)				Grades 9-12)		ELIGIBLE RIDERS
			a				b NUMBER		C
Regular (include eligible Preschool/Kindergarten		NUMBER		NOWBER			a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u									
miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg		are)							
Nonpublic School Riders (ineligible)	arten nue	15)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
County T	ranspor	rtation Co	mmittee Approval as	requi	ired in a	accordance wi	ith Section 2	0-10-132 MC	<u> </u>
This Application for Registration area assigned to it by the Count	of School y Transp	ool Bus and portation C	d State Reimbursemen					bus operates	
Signature - Chair, County Transporta	ation Com	nmittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

Rate Per Mile Due Dates: All Routes County Name County Name County Name District Name Legal Entity Number Pellowstone Route # Length of Route (miles per day) County Name District Name Legal Entity Number District Name District Name District Name District Owned Rated Capacity Non Bus Mileage Rated Capacity Non Bus Mileage Non B							
County Name County Number District Name Legal Entity Number Yellowstone Sequence For the legal Entity Number District Name District Name District Name Legal Entity Number District Name District Name Legal Entity Number District Name District Name Legal Entity Number District Name Rated Capacity Non Bus Mileage Non Bus Mileage Non Bus Mileage Non Bus Mileage T1 Contractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution-Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							
Yellowstone Route # Contractor Owned Aray Reimbursement Distribution- Enter the legal entity number and percentages must match budget! Billings Public Schools Type of Service Bus Route Mileage Rated Capacity District Owned Contractor Owned Contractor Owned First Student Clnc Contracted rate per mile Service Bus Route Mileage Rated Capacity District Owned Contractor Owned Contractor Owned First Student Clnc Contracted rate per mile							
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Sus Route Mileage Vehicle I.D. # License # District Owned Contractor Owned 4737 Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							
Seimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							
Sus Route Mileage The properties of the part of th							
4212 4737 Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							
must match budget!							
0965							
% 100.00 % %							
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL							
riding this route							
a b c NUMBER NUMBER a + b							
Regular (include eligible Preschool/Kindergarten							
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance							
agreement)							
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.							
We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State							
Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.							
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.							
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by							
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in							
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees Date							
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.							
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

PASSENGER INFORMATION Legal Entity Option Legal Entity Option District Name County Number County Number District Name So Billings Public Schools District Name Legal Entity Number For OPI Option District Name Legal Entity Number So Billings Public Schools District Name County Number So Billings Public Schools District Name Legal Entity Number The of Service Non Bus Mileage The Option Non Bus Mileage The Option The Option The Option The Option The Option Non Bus Mileage The Option The Op	This form is required in accorda								one form for e	ach bus route that
All Routes County Number County Nu			ougn ii	ansportees of anot						Rate Per Mile
Yellowstone 56 Billings Public Schools 0966 0966 Route # Length of Route (miles per day) Type of Service — Bus Route Mileage — Rated Capacity — Thom Bus Mileage Bus Route Mileage — Thom Bus Mileage Bus Route Mileage — Thom Bus Mileage — Thom							t			\$1.57
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rafed Capacity Bus Route Mileage No map Mileage Time	County Name			County Nur	mber	District	Name			Legal Entity Number
Solution	Yellowstone			56		Billing	s Public S	Schools		0965 0966
Bus Route Mileage 71	Route #	Leng	gth of Ro	oute (miles per da	y)		Service	□ Bus Route Mil		Rated Capacity
Vehicle ID. #	60-604	9				Bus R			age	71
Reimbursement Distribution- Enter the legal entity unmber and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0966 % 32.00 % 68.00 % % % PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-8) (EligiBLE RIDERS riding this route a pupils riders of the state o	Vehicle I.D. #		Licens	e #		□ District	Owned	(
Legal Entity 0966 Legal Entity 0966 % 32.00 % 68.00 % 68.00 % 68.00 % 9% PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Legal Entity Legal Entity Legal Entity Legal Entity Entity Legal Entity Entity Legal Entity Entity Legal Entity Legal Entity Entity	5486		7764						First Studer	nt Clnc
Legal Entity 0966 % 32.00 % 68.00 ** ** ** ** ** ** ** ** **	Reimbursement Distribution- En	iter the	e legal e	entity number and				ursement to be pa	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) IS ELIGIBLE RI			Legal		must mat				Legal Enti	ty
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	This Application for Registration	of Sc	hool Bu	is and State Reimb						
		_	_						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Date:		J	,	Ū	nty Supt			Rate Per Mile	
All Routes				October 1 October 1			15	\$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Yellowstone			56		Billing	s Public Schools		0965 0966	
Route #	Leng	gth of Rou	ite (miles per day)			Service Bus Ro	ute Mileage	Rated Capacity	
70-604	10				Bus R	□ Non Bu coute Mileage	s Mileage	71	
Vehicle I.D. #		License	#		□ District Owned Contractor Owned				
1747		768A				ct - If so, Name of Ow cted rate per mile	/ner 		
Reimbursement Distribution- Er	nter the	e legal en			f state/co th budget		o be paid to each o	listrict. Note: Percentages	
Legal Entity 0966		Legal E			Legal E		Legal En	tity	
0900									
% 100.00		%			%		%		
PASSENGER INFORMATION		T	ELEMENTARY	/ DIDED	2	HIGH SCHO	OI DIDEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	ıpils	(Grades P		5		s 9-12)	ELIGIBLE RIDERS	
			a NUMBE	-D		k NUM) IDED	C	
Regular (include eligible Preschool/l	Kinderg	jarten	NOMBE	<u>- K</u>		NOW	IDER	a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Servic	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3							
agreement) (Include ineligible Preschool/Kinderg		riders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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area assigned to it by the County Signature - Chair, County Transport			n committee.				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates:
County Name County Number District Name Legal Entity Number
Yellowstone Solid
Route # Length of Route (miles per day) 55-201 10 Bus Route Mileage Non Bus Mileage 71 Vehicle I.D. # 2303 License # 4347 District Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Rated Capacity 71 License # Contractor Owned Contracted rate per mile Legal Entity Legal Entity Legal Entity Legal Entity
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Separation
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must match budget! Legal Entity 0965 Legal Entity Legal Entity Legal Entity Legal Entity
Legal Entity Use Company Compa
% 100.00
PASSENGER INFORMATION
Number of Preschool/Kindergarten pupils ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL (Grades 9-12) ELIGIBLE RIDERS
riding this route
a b c
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten
riders) 1st Wheelchair (WC)
2nd Wheelchair (WC)
Additional Wheelchairs (WC)
Non-WC IEP Lists Trans as Related Service
TOTAL ELIGIBLE RIDERS
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance
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Nonpublic School Riders (ineligible)
TOTAL RIDERS
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.
Signature - Chair, Board of Trustees Date
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.
Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex								
Due Dates All Routes	s:		County Supt	t To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of Ro	ute (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity		
32-651 Vehicle I.D. #	10		1 .	toute Mileage	-	65		
1240	License 7827	#	 □ District Owned □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 					
Reimbursement Distribution- En	ter the legal er		ge of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0966	Legal E		match budget Legal E	Legal Entity Legal Entity				
% 100.00	%		%		%			
PASSENGER INFORMATION			_					
Number of Preschool/Kindergart riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten riders)				NOWBER		a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees				<u> </u>	Date			
County T This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemer		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
Due Dates All Routes	:		County Suprober 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Rou	ute (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity	
24-600 Vehicle I.D. #	10 License	ш		toute Mileage		65	
2198	4611	#	 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 				
Reimbursement Distribution- En	ter the legal en		ge of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Legal E		natch budget Legal E	Legal Entity Legal Entity			
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)				NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg: Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
TOTAL RIBLRS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rebus operates on the route as app							
Signature - Chair, Board of Trustees				<u>-</u>	Date		
County T This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e					one form for e	ach bus route that		
						Rate Per Mile		
Due Date All Routes			To County Supt To OPI October 1 October 15			\$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56	Billing	s Public Schools		0965 0966		
Route #	Length of Ro	oute (miles per day)		f Service Bus Route M		Rated Capacity		
53-001	10		Bus R	□ Non Bus Mile Route Mileage	eage	65		
Vehicle I.D. #	License	e #		District Owned Contractor Owned				
2201	7758			ct - If so, Name of Owner cted rate per mile	First Studer	nt Clnc		
Reimbursement Distribution- En	nter the legal e				oaid to each dis	strict. Note: Percentages		
Legal Entity 0965	Legal I		atch budget Legal E		Legal Enti	ty		
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	:DQ	HIGH SCHOOL R	IDEBS	TOTAL		
Number of Preschool/Kindergal riding this route	rten pupils	(Grades PK-8)	.110	(Grades 9-12		ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/ riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)								
, ,								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as an								
Signature - Chair, Board of Trustees				J	Date			
County This Application for Registration area assigned to it by the Coun	n of School Bu							
Signature - Chair, County Transport					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that		
Due Dates	•	,,	To C	ounty Sup	t To OPI		Rate Per Mile		
All Routes			Octo	ber 1	October 15		\$1.36		
County Name			County Number		District Name		Legal Entity Number		
Yellowstone			56		s Public Schools		0965 0966		
Route #	Length of	of Route (miles per day)	Type of	f Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
31-600	10			Bus R	Route Mileage	•	65		
Vehicle I.D. #	Lic	cense #		□ District Owned Contractor Owned □ Contract If an Name of Owner First Student Cinc					
4114	78	318		 □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 					
Reimbursement Distribution- En	ter the le	gal entity		e of state/co		aid to each dis	strict. Note: Percentages		
Legal Entity	Le	egal Entity		Legal E		Legal Entit	ry .		
0965									
% 100.00		%		%		%			
PASSENGER INFORMATION			ELEMENTA DV. DIDE	.DC	LIIOU COUOOL D	IDEDC	TOTAL		
Number of Preschool/Kindergart riding this route	ten pupils	5	ELEMENTARY RIDE (Grades PK-8)	:K5	HIGH SCHOOL R (Grades 9-12		ELIGIBLE RIDERS		
			a		b		C .		
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)	2nd Wheelchair (WC)								
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg		(2.							
Nonpublic School Riders (ineligible)	arton nach	<u>., </u>							
TOTAL RIDERS									
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County T This Application for Registration area assigned to it by the Count	of Schoo	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of Rou	ute (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity		
54-650 Vehicle I.D. #	10	ш	1	toute Mileage		65		
4114	License 7818	#	 □ District Owned □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 					
Reimbursement Distribution- En	ter the legal en		ge of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0965	Legal E		natch budget Legal E	Legal Entity Legal Entity				
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten riders)				NOMBER		a · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees				<u>-</u>	Date			
County 1 This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursemen		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates: All Routes	Ç	To C	ounty Supt			Rate Per Mile \$1.36		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56	Billing	s Public Schools		0965 0966		
Route #	ength of Rou	te (miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile	-	Rated Capacity		
	10.5		Bus R	Coute Mileage	65			
Vehicle I.D. #	License	#	□ District		Contractor (
9913	4741		□ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile					
Reimbursement Distribution- Enter	r the legal en		e of state/co atch budget		aid to each dis	strict. Note: Percentages		
Legal Entity 0965	Legal Er		Legal E		Legal Entit	ty		
0903								
% 100.00	%		%		%			
PASSENGER INFORMATION					5550			
Number of Preschool/Kindergarter riding this route	n pupils	ELEMENTARY RIDE (Grades PK-8)	:KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
				b		C		
Regular (include eligible Preschool/Kine	NUMBER		NUMBER		a + b			
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Se	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendance)								
agreement) (Include ineligible Preschool/Kindergart	ten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration of	School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County Signature - Chair, County Transportation		n Committee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

receives state reimbursement e	ven though tra	3.		S. C. D. M.			
Due Dates			To County Sup		ОРІ	Rate Per Mile	
All Routes			October 1	Oc	tober 15	5	\$1.57
County Name		County Number	r District	Name			Legal Entity Number
Yellowstone		56	Billing	Billings Public Schools			0965 0966
Route #	Length of Ro	oute (miles per day)		f Service □ Bu	us Route Mile		Rated Capacity
67-651	10.6		Bus F	□ No Route Mileage	on Bus Mileag		71
Vehicle I.D. #	License	e #	□ Distric	District Owned Contractor Owned			
2304	4348			ct - If so, Name octed rate per mil		rst Studen	t Clnc —
Reimbursement Distribution- Er	ter the legal e		centage of state/co		nent to be paid	d to each dist	trict. Note: Percentages
Legal Entity	Legal		Legal E			Legal Entity	1
0965							
% 100.00	%		%			%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTAR` (Grades I			SCHOOL RIDI Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
	-	a			b		С
Regular (include eligible Preschool/h	Cindergarten	NUMB	ER		NUMBER		a + b
riders) 1st Wheelchair (WC)	J. J. J.						
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)	arteri nacio)						
TOTAL RIDERS							
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certifus and bus rout	y that this bus transports by the State Superinter	pupils eligible for sch ndent; to make such r	nool transportation reports to the State	as defined by 2 Superintenden	0-10-101, MCA t and County S	A. uperintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	ensed, qualified citing or causing	and approved driver to og others to solicit student	perate such vehicle as s from other transpor	is required by 20-1 tation areas.	0-103, MCA.	,	
this bus route. We agree that if this route crosse						J	•
the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	all be attached	to the county superintend	dent's copy of this do	cument.			
I certify that this application for the bus operates on the route as application.							
Signature - Chair, Board of Trustees		within the transporta	ILION SEIVICE AIEA A	issigned by the C		Date	mmucc.
County 1 This Application for Registration area assigned to it by the County	of School Bu						
Signature - Chair, County Transport						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

..,

This form is required in accordar receives state reimbursement ev					ete one form for e	ach bus route that
Due Dates		To C	County Sup	t To OPI		Rate Per Mile
All Routes		Octo	ober 1	October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56		s Public Schools		0965 0966
Route #	Length of Ro	oute (miles per day)	Type of	f Service □ Bus Route □ Non Bus N		Rated Capacity
66-001	10.6		Bus R	Route Mileage		71
Vehicle I.D. #	License	e #	□ District		Contractor	
4204	4730		□ Contra	ct - If so, Name of Owne cted rate per mile		
Reimbursement Distribution- En	ter the legal e		e of state/co		e paid to each di	strict. Note: Percentages
Legal Entity 0965	Legal E		Legal E		Legal Enti	ty
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RIDI	-RS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kindergart riding this route	en pupils	(Grades PK-8)	ino	(Grades 9		ELIGIBLE RIDERS
		a NUMBER		b NUMBE	:D	c a+b
Regular (include eligible Preschool/K riders)	indergarten	HOMBER		TVOIVIBLE		u · b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)						
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)					
TOTAL RIDERS						
TOTAL RIBERS						
We hereby certify that this bus wil County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which r Superintendent; and to provide a lice We also agree to refrain from solic We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes occacordance with 20-10-132, MCA.	We further certifies and bus route meets the minim nsed, qualified citing or causing the laws, rules of a district lines at all be attached	y that this bus transports pupils to by the State Superintendent; to the standards as established by and approved driver to operate to the standards of the standards as established by and approved driver to operate to the standards of the stand	eligible for schoon make such root the Board of such vehicle a bother transpor ransportation wide the distriction opy of this door such the such that the distriction opy of this door such that the s	nool transportation as define reports to the State Superint Public Education, the Monta as required by 20-10-103, Matation areas. will be sufficient cause for wat, a copy of the agreement becument.	d by 20-10-101, MC endent and County ana Highway Patrol CA. ithholding of state a etween Boards, 20	SA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by
I certify that this application for rebus operates on the route as ap						
Signature - Chair, Board of Trustees		,			Date	
County T This Application for Registration area assigned to it by the County	of School Bus					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

receives state reimbursement even though transportees of another legal entity may utilize the services.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D. (D. M.)
Due Dates	s:		To Co	ounty Supt		To OPI		Rate Per Mile
All Routes	:		Octob	per 1		October 15		\$1.57
County Name			County Number	District I	Name			Legal Entity Number
Yellowstone			56	Billings Public Schools				0965 0966
Route #	Length o	igth of Route (miles per day)				☐ Bus Route Mil		Rated Capacity
54-201	10.8			Bus R	oute Mile	□ Non Bus Milea eage	age	71
Vehicle I.D. #	Lice	ense #		□ District			Contractor C	
4204	47	30			ct - If so, Na cted rate pe	ame of Owner Fer mile	rist Studen	et Cinc
Reimbursement Distribution- Er	nter the leg	al entity		of state/cou		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	gal Entit		Legal Er			Legal Entit	у
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION							2500	T0711
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDER (Grades PK-8)	35	н	GH SCHOOL RII Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Kindergarter	1	-			-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		.,						
Nonpublic School Riders (ineligible)	garteri riders	'						
TOTAL RIDERS								
We hereby certify that this bug wi	ill aparata a	ntiroly on	the route established by the	Poord of True	otooo and w	ithin the transportet	ion area acciona	and approved by the
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We further o	ertify that	t this bus transports pupils eli	igible for sch	ool transport	tation as defined by	20-10-101, MC	A. ,
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	ensed, quali	fied and a	approved driver to operate su	ich vehicle as	s required by		Highway Patrol a	and the State
We understand that violations of this bus route.						ent cause for withho	olding of state a	nd county reimbursement for
We agree that if this route crosse			•			ne agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for the bus operates on the route as application.								
Signature - Chair, Board of Trustees		2 WILL	are ashoperation out	arou at	- 3.g. 100 by	and dodney fruit	Date	
	-	-41					0.40.400.55	
This Application for Registration area assigned to it by the Count	of School	Bus an						
Signature - Chair, County Transport							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

receives state reimbursement even though transportees of another legal entity may utilize the services.							110 101111 101 00	D. (D. M.)	
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile	
All Routes	i		Octob	er 1		October 15	:	\$1.57	
County Name			County Number	District N	lame			Legal Entity Number	
Yellowstone			56	Billings Public Schools				0965 0966	
Route #	Length of	ngth of Route (miles per day)				Bus Route Mile		Rated Capacity	
02-003	10.8			Bus Ro	oute Milea	Non Bus Milea nge	ige	71	
Vehicle I.D. #	Lic	cense #		□ District C			ontractor C		
4209	77	753			t - If so, Nar ted rate per	ne of Owner F mile	irst Studen	t Clnc —	
Reimbursement Distribution- En	nter the le	gal entity		of state/cou	nty reimbur	sement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity	Le	egal Entity		Legal Ent	tity		Legal Entity	У	
0965									
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	1110	LL COLLOCI. DIE	NEDO.	TOTAL	
Number of Preschool/Kindergar	ten pupils	3	ELEMENTARY RIDEF (Grades PK-8)	15	HIG	H SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route									
			a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarte	en	NOWBER			NOMBLIX		a · b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		re)							
Nonpublic School Riders (ineligible)	jarton naon	<u> </u>							
TOTAL RIDERS									
We hereby certify that this bus wi	ill operate c	antiroly on	the route established by the	Poard of True	toos and with	in the transportation	on area acciono	ed and approved by the	
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further us and bus	certify that s route by t	this bus transports pupils eli he State Superintendent; to r	igible for scho make such rep	ol transportat	tion as defined by tate Superintender	20-10-101, MC/ nt and County S	A. Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	iciting or ca	ausing othe	ers to solicit students from oth	her transporta	tion areas.		lding of state ar	nd county reimbursement for	
this bus route.		·	3	•			•	,	
the school boards of both districts sh	We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132 MCA								
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees	;				-	,	Date		
County 1	Transport	tation Co	ommittee Approval as re	equired in a	ccordance	with Section 2	0-10-132, MC	A.	
This Application for Registration area assigned to it by the Count	of Schoo ty Transpo	ol Bus and ortation C	d State Reimbursement h						
Signature - Chair, County Transporta	ation Comn	mittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

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receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes	i		Octol	ber 1		October 15	!	\$1.36
County Name			County Number	District I	Name			Legal Entity Number
Yellowstone			56		Billings Public Schools			0965 0966
Route #	Lengt	th of Rout	e (miles per day)	Type of		Bus Route Mile		Rated Capacity
56-003	10.1			Bus Ro	oute Milea	⊺ Non Bus Milea age	ge	65
Vehicle I.D. #		License #		□ District			ontractor C	
9913		4741			ct - If so, Nar cted rate per	me of Owner F mile	irst Studen	t Clnc —
Reimbursement Distribution- En	nter the	legal enti		of state/cou		sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity		Legal Ent		Legal Er			Legal Entity	У
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	DO.	1116	NI COLICOL DIE	NEDO.	TOTAL
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDE (Grades PK-8)	KS	HIG	H SCHOOL RIE (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			а			р		C
Regular (include eligible Preschool/k	 Kinderga	arten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	:						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement)		-1>						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten ric	ders)						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee.								
We agree to supervision of this be required; to provide a vehicle which	meets th	ne minimun	standards as established by	the Board of F	ublic Educati	ion, the Montana ⊦		
Superintendent; and to provide a lice We also agree to refrain from soli						20-10-103, MCA.		
We understand that violations of this bus route.	the laws	s, rules or re	egulations governing school tra	ansportation v	vill be sufficier	nt cause for withho	lding of state ar	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sh			•			agreement betwe	en Boards, 20-1	10-126(2) MCA, signed by
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		. J and W	are a arroportation out		gu wy t	Journy Halle	Date	
County T This Application for Registration area assigned to it by the Count	of Sch	ool Bus a						
Signature - Chair, County Transporta			Committee.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MCA	. School di	strict official must complet	e one form for e	ach bus route that
						Rate Per Mile
Due Dates All Routes			ounty Supt ber 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Ro	oute (miles per day)		f Service Bus Route		Rated Capacity
33-651	10.7		Bus R	□ Non Bus Mi Route Mileage	leage	25
Vehicle I.D. #	Licens	e #	□ District	t Owned	Contractor (
1735	7766			act - If so, Name of Owner acted rate per mile	First Studer	nt Clnc
Reimbursement Distribution- Er	nter the legal e		e of state/co atch budget		paid to each dis	strict. Note: Percentages
Legal Entity	Legal		Legal E		Legal Enti	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	,,					
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route		((111111	,	
	-	a		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBER	₹	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderc						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi	ill operate entire	ly on the route established by the	Board of Tru	ustees and within the transpor	tation area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certing us and bus rout meets the minir	y that this bus transports pupils e e by the State Superintendent; to num standards as established by	eligible for sch make such r the Board of	nool transportation as defined reports to the State Superinter Public Education, the Montar	by 20-10-101, MC ndent and County na Highway Patrol	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causin	g others to solicit students from o	ther transpor	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosse	es district lines a	nd transports students from outsi	de the distric	et, a copy of the agreement be	tween Boards, 20-	-10-126(2) MCA, signed by
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.					he County Transp	ortation Committee in
I certify that this application for rous operates on the route as ap						
Signature - Chair, Board of Trustees					Date	
				1 10 2	00.40.405.75	
This Application for Registration area assigned to it by the Count	of School Bu					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement eve					one form for e	ach bus route that	
Due Dates:	in though the	•	County Sup			Rate Per Mile	
All Routes			ober 1	October 15		\$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Ro	oute (miles per day)	Type o	Type of Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity	
	12.3		Bus F	Bus Route Mileage		25	
Vehicle I.D. #	License	: #	□ Distric	t Owned (act - If so, Name of Owner	Contractor (
1735	7766		□ Contra	cted rate per mile			
Reimbursement Distribution- Ente	er the legal e		ge of state/conatch budge		aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Legal E	Entity	Legal E	ntity	Legal Entit	ty	
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RID	FRS	HIGH SCHOOL R	IDERS	TOTAL	
Number of Preschool/Kindergarter riding this route	n pupils	(Grades PK-8)	LINO	(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kin	ndergarten	NOWBER		NOWBER		атр	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., unmiles OR nonresident and no attendan							
agreement) (Include ineligible Preschool/Kindergan							
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration of	f School Bus	s and State Reimbursemen		accordance with Section eviewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transportation					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

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receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates	s:		To Co	unty Supt		To OPI		Rate Per Mile
All Routes			Octob	er 1		October 15		\$1.57
County Name			County Number	District N	lame			Legal Entity Number
Yellowstone			56	Billings Public Schools				0965 0966
Route #	Length o	gth of Route (miles per day)				Bus Route Miles		Rated Capacity
55-051	12.5			Bus Ro	oute Milea	□ Non Bus Milea age	ige	71
Vehicle I.D. #	Lice	ense #		□ District 0			ontractor C	
4209	77	53			t - If so, Na ted rate pe	me of Owner Frmile	irst Studen	t Cinc
Reimbursement Distribution- Er	iter the leg	gal entity		of state/cou	nty reimbu	rsement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	Le	gal Entity		Legal Ent	tity		Legal Entit	у
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION			E. E	I				70711
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDER (Grades PK-8)	3	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a			b NUMBER		С
Regular (include eligible Preschool/k	 Kindergarter	n	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders	s)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rule bus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
County 1 This Application for Registration area assigned to it by the Count	of School	l Bus and						
Signature - Chair, County Transport							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of					e one form for e	ach bus route that
		•				Rate Per Mile
Due Date All Routes			ounty Supt ber 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	te (miles per day)		f Service Bus Route I		Rated Capacity
51-611	12.8		Bus R	□ Non Bus Mi Route Mileage	leage	71
Vehicle I.D. #	License :	#	□ District		Contractor (Owned
4216	7828			act - If so, Name of Owner acted rate per mile	First Studer	nt Clnc —
Reimbursement Distribution- E	nter the legal en		e of state/co atch budget		paid to each dis	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Enti	ty
0966						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kinderga	rten nunils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL I (Grades 9-7		TOTAL ELIGIBLE RIDERS
riding this route		(5/44557710)		(814466)	,	LEIGIBLE MIBLING
		a		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER	₹	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
, ,	10					
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	vill operate entirely	on the route established by the	Board of Tru	ustees and within the transpor	tation area assign	ed and approved by the
County Transportation Committee.	We further certify	that this bus transports pupils e	ligible for sch	nool transportation as defined	by 20-10-101, MC	A.
We agree to supervision of this to required; to provide a vehicle which	meets the minimu	m standards as established by	the Board of	Public Education, the Montan	a Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing of	others to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.			•		· ·	•
We agree that if this route crosse the school boards of both districts s	hall be attached to	the county superintendent's co	ppy of this do	cument.		
We understand route changes o accordance with 20-10-132, MCA.	ccurring during the	school year require the filing o	f an amende	d TR-1 form and approval of the	he County Transp	ortation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustee:		and adhoportation se			Date	
This Application for Registration	n of School Bus					
area assigned to it by the Coun Signature - Chair, County Transport		п Сотпицее.			Date	
•						



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					plete one form for e	ach bus route that
	-					Rate Per Mile
Due Date All Routes			County Supt ober 1	t To OPI October	15	\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	te (miles per day)		f Service ☐ Bus Rou		Rated Capacity
69-600	12.9		Bus R	□ Non Bus Route Mileage	s Mileage	25
Vehicle I.D. #	License #	ŧ	1 .	Owned	Contractor (Owned
1829	7765			ct - If so, Name of Owr	ner First Studer	nt Clnc —
Reimbursement Distribution- En	nter the legal ent		e of state/co		be paid to each dis	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Enti	ty
0965						
9/ 100.00	%		%		%	
% 100.00 PASSENGER INFORMATION	70		70		70	
	ton nunile	ELEMENTARY RIDE	ERS	HIGH SCHO		TOTAL ELIGIBLE RIDERS
Number of Preschool/Kindergal riding this route	ten pupils	(Grades PK-8)		(Grades	5 9-12)	ELIGIBLE RIDERS
		a		b		С
Regular (include eligible Preschool/	Vindorgarton	NUMBER		NUMI		a + b
riders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinderg	garten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill aparata antiroly	on the route established by th	o Poord of Tru	ustons and within the trans	anartation area assign	and approved by the
County Transportation Committee.	We further certify t	hat this bus transports pupils	eligible for sch	nool transportation as defin	ned by 20-10-101, MC	A.
We agree to supervision of this be required; to provide a vehicle which	meets the minimu	n standards as established by	the Board of	Public Education, the Mo	ntana Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing o	thers to solicit students from o	other transpor	tation areas.		
We understand that violations of this bus route.	the laws, rules or i	egulations governing school t	ransportation	will be sufficient cause for	r withholding of state a	nd county reimbursement for
We agree that if this route crosse the school boards of both districts s					t between Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the	school year require the filing of	of an amende	d TR-1 form and approval	of the County Transp	ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		are adhoportunon se		co.g.ioa ay tilo county	Date	
-						
County This Application for Registration		Committee Approval as and State Reimbursement				
area assigned to it by the Coun Signature - Chair, County Transport		Committee.		•	Date	
organization - Origin, Country Transport	auon commutee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					olete one form for e	each bus route that
	-					Rate Per Mile
Due Date All Routes			To County Supt October 1			\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	te (miles per day)		f Service 🗆 Bus Rou		Rated Capacity
70-606	12.9		Bus R	□ Non Bus Route Mileage	Mileage	71
Vehicle I.D. #	License	#	□ District		Contractor	Owned
4217	7850			ct - If so, Name of Own cted rate per mile	er First Stude	nt Clnc
Reimbursement Distribution- En	nter the legal ent		of state/co		be paid to each di	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Ent	ity
0966						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kinderga	rten nunils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS
riding this route		(6.00001110)		(5/4455	0 12)	ELIGIBLE TUBLITO
		а		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUME	BER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
` ,	10					
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby cortify that this bus w	ill aparata antiroly	on the route established by the	Poord of Tru	ustons and within the trans	portation area assign	and and approved by the
We hereby certify that this bus w County Transportation Committee.	We further certify t	that this bus transports pupils e	ligible for sch	nool transportation as defin	ned by 20-10-101, MC	CA.
We agree to supervision of this be required; to provide a vehicle which	meets the minimu	m standards as established by	the Board of	Public Education, the Mor	ntana Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing of	others to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.			•		· ·	,
We agree that if this route crosse the school boards of both districts s	hall be attached to	the county superintendent's co	py of this do	cument.		
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the	school year require the filing o	f an amende	d TR-1 form and approval	of the County Transp	portation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustees		are adireportation set		congride by the County	Date	
		_				
County This Application for Registration area assigned to it by the Coun	n of School Bus					
Signature - Chair, County Transport	•				Date	
					1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

receives state reimbursement e		•	, ,			Rate Per Mile	
Due Date All Routes		To Co Octob	ounty Supt per 1	To OPI October 15	:	\$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Route	(miles per day)		Service Bus Route Mi		Rated Capacity	
54-652	13		Bus R	□ Non Bus Mile oute Mileage	age	23	
Vehicle I.D. #	License #		□ District	Owned (Contractor C		
6868	4620			ct - If so, Name of Owner I cted rate per mile	First Studen	t Clnc	
Reimbursement Distribution- Er	nter the legal entity		of state/co tch budget		aid to each dis	trict. Note: Percentages	
Legal Entity 0965	Legal Enti	ty	Legal E	ntity	Legal Entity	У	
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RIDER	20	HIGH SCHOOL RI	IDEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	13	(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten	NOMBER		NOMBER		a + 5	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for bus operates on the route as ap	proved by and wi			•	sportation Cor		
Signature - Chair, Board of Trustees					Date		
County This Application for Registration area assigned to it by the County	of School Bus ar	d State Reimbursement h		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transport	ation Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e							Rate Per Mile		
Due Date : All Routes			To Coun October		To OPI October 15	;	\$1.36		
County Name		County Number	er	District Nan	ne		Legal Entity Number		
Yellowstone		56		Billings P	ublic Schools		0965 0966		
Route #	Length of R	oute (miles per day)		Type of Ser			Rated Capacity		
47-654				Bus Rout	e Mileage	aye	65		
Vehicle I.D. #					ned (If so, Name of Owner	Contractor C			
1245 7833					rate per mile	-iist Studen			
Reimbursement Distribution- Er	nter the legal	entity number and pe	rcentage of s must match		reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity	Legal	Entity		Legal Entity		Legal Entity	/		
0965									
% 100.00	%			%		%			
PASSENGER INFORMATION		EL ENAENTA E	DV DIDEDO		LIIOU OOLOOL DI	DEDO	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTAF (Grades			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMI			b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten	1401011	DEIX		NOMBER		u · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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I certify that this application for	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date									
County This Application for Registration					ordance with Section 2				
area assigned to it by the Count Signature - Chair, County Transport	ty Transporta	tion Committee.				Date	•		
Signature Onan, County Transport		•				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes				ounty Sup ber 1	To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Length o	of Route (miles per day)	Type of	Service Bus Route M Non Bus Mile		Rated Capacity	
61-652	13			Bus R	oute Mileage		65	
Vehicle I.D. # License #				□ District	Owned ct - If so, Name of Owner	Contractor (
4090 7821					cted rate per mile		——————————————————————————————————————	
Reimbursement Distribution- Enter the legal entity number and per				e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entity				Legal E		Legal Entit	у	
0965								
% 100.00 %				%		%		
PASSENGER INFORMATION	ELEMENTARY RIDE	DQ.	HIGH SCHOOL R	IDERS	TOTAL			
Number of Preschool/Kindergart riding this route	S	(Grades PK-8)	.110	(Grades 9-12		ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			HOMBLIX		NOMBER		u s	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendate agreement) (Include ineligible Preschool/Kinderg	ance	s)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
County T	ransport	tation Co	mmittee Approval as i	equired in	accordance with Section	 20-10-132, MC	:A.	
This Application for Registration area assigned to it by the Count	of Schoo	ol Bus and	State Reimbursement					
Signature - Chair, County Transporta	ation Comm	nittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							e form for ea	ach bus route that
Due Dates All Routes	•	•		inty Supt	То	OPI ctober 15		Rate Per Mile \$1.36
All Routes			Octobe	r I	00	ctober 15		\$1.30
County Name		County Num	ber	District	Name			Legal Entity Number
Yellowstone		56		Billings Public Schools			0965 0966	
Route #	Length of F	Route (miles per day))	Type of		us Route Milea	eage Rated Capacity	
61-600	13			Bus R	oute Mileage	on Bus Mileage	e	65
Vehicle I.D. #	Licen	se#		District	Owned	Co	ntractor C	
4114	7818	3			ct - If so, Name cted rate per mi		st Studer	it Clnc
Reimbursement Distribution- Ent	ter the legal	entity number and p	ercentage of must mate			ment to be paid	to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity	mast mate	Legal E			Legal Entit	у
0965								
% 100.00	%	1		%			%	
PASSENGER INFORMATION		ELEMENT/	ARY RIDERS	2	ШСП	SCHOOL RIDE	:De	TOTAL
Number of Preschool/Kindergart riding this route	en pupils		es PK-8)	5		Grades 9-12)	:RS	ELIGIBLE RIDERS
			a MBER			b NUMBER		C
Regular (include eligible Preschool/K riders)	indergarten	NON	VIDER			NOWIDER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. V We agree to supervision of this bu required; to provide a vehicle which m Superintendent; and to provide a lice We also agree to refrain from solid We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes occarcordance with 20-10-132, MCA.	Ve further cer us and bus rou neets the min nsed, qualifie citing or causi he laws, rules s district lines all be attache curring during	tify that this bus transpoute by the State Superir imum standards as esta d and approved driver transports studies or regulations governir and transports students d to the county superint the school year required.	orts pupils eliginatendent; to maintendent; to maintendent by the operate such ents from others school trans from outside tendent's copy to the filing of an	ible for sch ake such re e Board of h vehicle a: er transport sportation v the district of this doo n amended	ool transportation aports to the State Public Education, s required by 20-1 ation areas. will be sufficient can, a copy of the agrument.	as defined by 20 e Superintendent the Montana Hig 10-103, MCA. ause for withhold reement between pproval of the Co	o-10-101, MC and County S ihway Patrol a ing of state and n Boards, 20- punty Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for rebus operates on the route as app								
Signature - Chair, Board of Trustees	-	•			-		Date	
County T This Application for Registration area assigned to it by the County	of School B							
Signature - Chair, County Transporta							Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex						one form for ea	ach bus route that	
Due Dates All Routes				ounty Sup	To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Length	of Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity	
47-650	13			Bus R	Coute Mileage	age	65	
Vehicle I.D. # License #				□ District		Contractor (
4115 7823					ct - If so, Name of Owner cted rate per mile	First Studer	it Cinc	
Reimbursement Distribution- Enter the legal entity number and per				e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity Use 1 Legal Entity 0965				Legal E		Legal Entit	у	
% 100.00		%		%				
PASSENGER INFORMATION		ELEMENTARY RIDE	ERS	HIGH SCHOOL R	IDERS	TOTAL		
Number of Preschool/Kindergart riding this route	S	(Grades PK-8)		(Grades 9-12	2)	ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NOMBLIX		NOMBER			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance	ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County T This Application for Registration					accordance with Section			
area assigned to it by the Count	y Transp	ortation C		nas been fe	eviewed and i certily that this		within the transportation	
Signature - Chair, County Transporta	ation Com	ımıttee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e								
Due Dates	s:		To Co	ounty Supt	t	To OPI	•	Rate Per Mile
All Routes	i		Octob	per 1		October 15	\$	\$1.36
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Billing	Billings Public Schools			0965 0966
Route #	Leng	th of Route	(miles per day)		Service [Bus Route Mil		Rated Capacity
51-651 13				Bus R	oute Milea	□ Non Bus Milea age	age	65
Vehicle I.D. #		□ District	Owned	C	Contractor C			
9908		4604			ct - If so, Na cted rate per	me of Owner Frmile	First Studen	t Clnc —
Reimbursement Distribution- Er	nter the	legal entity				rsement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity		Legal Entit		tch budget Legal E			Legal Entity	/
0966			•		•			
% 100.00		%		%			%	
PASSENGER INFORMATION								_
Number of Preschool/Kindergar riding this route	ten pur	pils	ELEMENTARY RIDEI (Grades PK-8)	RS	HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/k riders)	Kinderga	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service)						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	,							
TOTAL RIDERS								
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I certify that this application for rouse operates on the route as an								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								
								_
This Application for Registration area assigned to it by the Countries	of Sch	nool Bus an						
Signature - Chair, County Transporta	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Titl	e 20, Chapter 10, Part	1, MCA. So	chool dis	trict official must	complete one form	n for each b	ous route that
	_	transportees of another		-		DI.	Rate	e Per Mile
Due Date All Routes			To Coun October			ber 15	\$1.3	6
County Name		County Number	er	District Name			Leg	al Entity Number
Yellowstone		56		Billings Public Schools			090	65 0966
Route #	Length of	ength of Route (miles per day)			Service Bus	Route Mileage	leage Rated Capacity	
50-650	13			Bus Ro	⊔ Nor oute Mileage	Bus Mileage	65	
Vehicle I.D. #	Licer	ise#		District	Owned		ctor Own	
9912	460	8			ct - If so, Name of cted rate per mile	Owner First St	tudent CI	nc
Reimbursement Distribution- Er	nter the lega		centage of smust match			nt to be paid to ea	ach district.	Note: Percentages
Legal Entity	Lega	al Entity		Legal Er		Lega	al Entity	
0965								
% 100.00	%	, D		%		9/	6	
PASSENGER INFORMATION			_					
Number of Preschool/Kindergar	ten pupils	ELEMENTAF (Grades				CHOOL RIDERS ades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route			-,		(-	,		
		а				b		С
Regular (include eligible Preschool/l	Kindergarten	NUME	BER		N	IUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderd								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate ent	irely on the route establish	ed by the Bos	ard of True	stees and within the	transportation area	assigned an	d approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further ce us and bus ro meets the mir	rtify that this bus transports oute by the State Superinte nimum standards as estab	s pupils eligiblendent; to make lished by the l	le for scho ke such re Board of F	ool transportation as eports to the State S Public Education, th	defined by 20-10-10 uperintendent and C e Montana Highway	01, MCA. County Super	rintendent as are
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or caus	ing others to solicit studen	its from other	transporta	ation areas.		state and co	unty reimbursement for
this bus route. We agree that if this route crosse						ement between Boar	ds, 20-10-12	26(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.						roval of the County	Transportatio	on Committee in
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		are demopera		- 4.54 40	22.300 07 110 00	Date		
						0 11 22 12 1		
This Application for Registration area assigned to it by the Country	of School E							in the transportation
Signature - Chair, County Transport						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 2	0 Chanter 10 Part 1 MC	A School di	strict official must complete o	one form for ea	ch bus route that		
receives state reimbursement e								
Due Dates	s:	То	County Sup	t To OPI	ŀ	Rate Per Mile		
All Routes			tober 1	October 15	S	\$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56	Billing	s Public Schools		0965 0966		
Route #	Length of Ro	ute (miles per day)		Service Bus Route Mil	eage	Rated Capacity		
54-601	13.2		Rue R	□ Non Bus Milea Coute Mileage		25		
Vehicle I.D. #	1				Contractor C			
4129	7825			ct - If so, Name of Owner F cted rate per mile	irst Studen	t Clnc		
Reimbursement Distribution- En	ter the legal er				aid to each dist	trict. Note: Percentages		
Legal Entity	Legal E		match budget Legal E		Legal Entity			
0965	9	····· ·	3	,	9			
% 100.00	%		%		%			
PASSENGER INFORMATION	T	ELEMENTARY RID	ERS	HIGH SCHOOL RI	DERS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)		(Grades 9-12)	ELIGIBLE RIDERS		
Inding this route								
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/hriders)	Kindergarten	-						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We further certify us and bus route	that this bus transports pupils by the State Superintendent;	eligible for sch to make such r	nool transportation as defined by eports to the State Superintende	20-10-101, MCA ent and County S	A. uperintendent as are		
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli	ensed, qualified a citing or causing	nd approved driver to operate others to solicit students from	such vehicle a other transpor	s required by 20-10-103, MCA. tation areas.	9			
We understand that violations of this bus route.			·		· ·	•		
We agree that if this route crosse the school boards of both districts sh We understand route changes or	nall be attached to	the county superintendent's	copy of this do	cument.				
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees					Date			
County 1	ransportation	Committee Approval as	required in	accordance with Section 2	0-10-132. MC	A.		
This Application for Registration area assigned to it by the Count	of School Bus y Transportation	and State Reimbursemen						
Signature - Chair, County Transporta	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev					one form for ea	ach bus route that		
Due Dates All Routes		То	County Sup			Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of R	oute (miles per day)	Type o	f Service Bus Route M Non Bus Mile	•	Rated Capacity		
48-202	13.3		Bus F	Route Mileage		71		
Vehicle I.D. # License #			□ Distric	t Owned act - If so, Name of Owner	Contractor C			
4202 4749				acted rate per mile	riist Studen			
Reimbursement Distribution- Ent		age of state/co		oaid to each dis	trict. Note: Percentages			
Legal Entity	Legal		Legal E		Legal Entit	у		
0965								
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RI	DEDC	HIGH SCHOOL R	IDEDC	TOTAL		
Number of Preschool/Kindergart riding this route	en pupils	(Grades PK-8		(Grades 9-12		TOTAL ELIGIBLE RIDERS		
	-	a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten				NOWBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg: Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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This Application for Registration	of School Bu	s and State Reimburseme		accordance with Section eviewed and I certify that thi				
area assigned to it by the County Signature - Chair, County Transporta					Date	_		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev						one form for e		
Due Dates All Routes	:		To Co Octob	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Numb	er	District	Name		Legal Entity Number	
Yellowstone		56			s Public Schools		0965 0966	
Route #	Length of R	coute (miles per day)		Type of	Service Bus Route M Non Bus Mile		Rated Capacity	
52-601	13.4			Bus R	oute Mileage	ŭ	65	
Vehicle I.D. # License #				□ District		Contractor (
1240 7827				□ Contra	ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Ent	entity number and pe		of state/co tch budget		paid to each dis	strict. Note: Percentages		
Legal Entity 0965	Legal	Entity		Legal E		Legal Entit	ty	
% 100.00			%		%			
PASSENGER INFORMATION						_		
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTAI (Grades		RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
	•	а			Ь		С	
Regular (include eligible Preschool/Kindergarten			BEK		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees						Date		
This Application for Registration area assigned to it by the County	of School Bu Transportat	us and State Reimbur tion Committee.			accordance with Section eviewed and I certify that th			
Signature - Chair, County Transportat	tion Committee	e				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

receives state reimbursement e					3110 101111 101 0	D. (D. M.)		
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes			Octob	er 1		October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56			Schools		0965 0966
Route #	Length of Route (miles per day)			Type of	Service	☐ Bus Route Mi		Rated Capacity
21-611	13.5			Bus R	oute Mile	□ Non Bus Mileaeage	age	71
Vehicle I.D. #	Vehicle I.D. # License #				Owned		Contractor (
4205			ct - If so, N cted rate p	lame of Owner F er mile	-irst Studer	nt Cinc		
Reimbursement Distribution- Er	iter the lega	al entity		of state/co		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entit		Legal E			Legal Enti	ty
0965								
% 100.00	C	%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDER (Grades PK-8)	RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
						b NUMBER		c a + b
Regular (include eligible Preschool/k	Regular (include eligible Preschool/Kindergarten					NOMBLIX		a i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarteri nuers)							
TOTAL RIDERS								
We hereby eastiful that this is	II onor-t-	tiralı: -:	the route established by the	Doord -fT:	oto oo ====	ithin the towns 1 - 1	ion oros!	ad and approved by the
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I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees							Date	
County 1 This Application for Registration area assigned to it by the County	of School	Bus an						
Signature - Chair, County Transports							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that	
Due Dates All Routes				County Sup	t To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		gs Public Schools		0965 0966	
Route #	Lengt	th of Rout	e (miles per day)	Type o	f Service Bus Route M Non Bus Mile	-	Rated Capacity	
59-651	13			Bus F	Route Mileage	aye	71	
Vehicle I.D. # License #				□ Distric		Contractor (
2423 7783					act - If so, Name of Owner acted rate per mile	First Studer	it Cinc —	
Reimbursement Distribution- En	legal enti		e of state/conatch budge		aid to each dis	strict. Note: Percentages		
Legal Entity 0965		Legal Ent		Legal E		Legal Enti	ty	
0903								
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RIDI	-DC	LIICH CCHOOL D	IDEDC	TOTAL		
Number of Preschool/Kindergard riding this route	ten pup	oils	(Grades PK-8)	EKS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten			NOWBER		NOWIBER		аты	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten ric	ders)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County T	ranen	ortation (Committee Annroyal as	required in	accordance with Section	20-10-132 M/	:Δ	
This Application for Registration area assigned to it by the Count	of Sch	ool Bus a	ind State Reimbursement					
Signature - Chair, County Transporta	ation Co	mmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,					one form for e	
Due Dates All Routes	s:			County Sober 1	upt	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	Distr	rict Name			Legal Entity Number
Yellowstone			56		Billings Public Schools			0965 0966
Route #	Length of R	Route (miles per day)	Туре		☐ Bus Route Mil☐ Non Bus Miles	•	Rated Capacity
60-600 13.7 Vehicle I.D. # License #				T '	Route Mile	eage		65
					trict Owned htract - If so. N	ame of Owner F	Contractor (First Studer	
9018 7751				□ Con	ntracted rate p	er mile		
Reimbursement Distribution- Enter the legal entity number and p				e of state atch bud		ursement to be pa		
Legal Entity 0966	Legal	Entity		Lega	Entity		Legal Enti	ty
% 100.00	%			%	,		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	=RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			а			р		C
Regular (include eligible Preschool/Kindergarten riders)			NUMBER			NUMBER		a + b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)	arten nacio)							
TOTAL RIDERS								
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	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
orginature - Orian, board or Trustees							Date	
This Application for Registration area assigned to it by the Count	of School Boy Transporta	us and tion Co						
Signature - Chair, County Transporta	ation Committe	e					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e							ate Per Mile	
Due Dates All Routes			To County Sup October 1		o OPI October 15		1.57	
County Name		County Number	District	Name		1	_egal Entity Number	
Yellowstone		56	Billing	s Public Scl	hools		0965 0966	
Route #	Length of Rou	ute (miles per day)	Туре о		Bus Route Milea Non Bus Mileage		Rated Capacity	
51-600	13.7		Bus F	Route Mileag	-	71		
Vehicle I.D. #). # License #		□ District Owned□ Contract - If so, Name of Owner			Contractor Owned		
4219	9340			act - if so, Name acted rate per n		si Siudeni	——————————————————————————————————————	
Reimbursement Distribution- Er	iter the legal en		ntage of state/coust match budge		ement to be paid	to each disti	ict. Note: Percentages	
Legal Entity 0966	Legal E		Legal E			Legal Entity		
0900								
% 100.00	%		%			%		
PASSENGER INFORMATION		ELEMENTARY	DIDEDO	LIICH	SCHOOL RIDE	DC I	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	(Grades Pk			(Grades 9-12)	:KS	ELIGIBLE RIDERS	
			R	b NUMBER			с a+b	
Regular (include eligible Preschool/kriders)	-			-				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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I certify that this application for rous operates on the route as ap								
Signature - Chair, Board of Trustees	•	·		•	D	ate		
This Application for Registration	of School Bus							
area assigned to it by the Count Signature - Chair, County Transports		n Committee.			D	ate		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of Rout	e (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
52-600	13.7		1 .	oute Mileage	_	71		
Vehicle I.D. # 7650	License # 4727			ct - If so, Name of Owner	Contractor C First Studen			
		ty number and percentag	□ Contracted rate per mile centage of state/county reimbursement to be paid to each district. Note: Percentages					
Legal Entity	Legal En	must m	natch budget Legal E	!	Legal Entit			
0965	Logar En	ucy	Logar	muty	Logar Errar	,		
% 100.00	%		%		%			
PASSENGER INFORMATION					250	T0711		
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a		b		C		
Regular (include eligible Preschool/K	Kindergarten	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees				<u> </u>	Date			
County T This Application for Registration area assigned to it by the Count	of School Bus a	ind State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev									
Due Dates : All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		s Public Schools		0965 0966		
Route #	Length of F	Route ((miles per day)	Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity		
67-002	13.9			Bus F	Route Mileage	Ü	71		
Vehicle I.D. #	Licen			□ Distric□ Contra	t Owned(lct - If so, Name of Owner I	Contractor (First Studen			
7695	3686	3		Contracted rate per mile					
Reimbursement Distribution- Ent	er the legal	entity		e of state/coatch budge		aid to each dis	strict. Note: Percentages		
Legal Entity 0965	Lega	l Entity		Legal E		Legal Entit	у		
% 100.00	%			%		%			
PASSENGER INFORMATION		_							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		C		
Regular (include eligible Preschool/Kindergarten			NOWBER		NOMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	nce								
Nonpublic School Riders (ineligible)	interi riders)								
TOTAL RIDERS									
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bus operates on the route as app						sportation Cor			
Signature - Chair, Board of Trustees						Date			
County To This Application for Registration of area assigned to it by the County	of School B	us and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transportat	tion Committe	ee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Date All Routes	ven though transs:	sportees of another legal e	ntity may ut ounty Supt	ilize the services. To O	·	Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Rilling	s Public Scho	ole	0965 0966	
Route #	Length of Rout	e (miles per day)			Route Mileage	Rated Capacity	
70-602	13		Due D		n Bus Mileage	71	
Vehicle I.D. #	License #	:	□ District	oute Mileage Owned	Contract	or Owned	
4219	9340			ct - If so, Name of cted rate per mile	Owner First Stu	dent Clnc	
Reimbursement Distribution- En	nter the legal enti				ent to be paid to eac	h district. Note: Percentages	
Legal Entity 0966	Legal En	must ma tity	Legal E		Legal	Entity	
% 100.00	%		%		%		
PASSENGER INFORMATION						_	
Number of Preschool/Kindergal riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		CHOOL RIDERS rades 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER		N	b IUMBER	c a + b	
Regular (include eligible Preschool/ riders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	dance garten riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for bus operates on the route as application.							
Signature - Chair, Board of Trustees					Date		
County This Application for Registration area assigned to it by the Coun	n of School Bus a						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

copy School Distri

This form is required in accordareceives state reimbursement e							one form for e	each bus route that
		ansportees of anothe	•					Rate Per Mile
Due Date All Routes			To Cou	unty Supt er 1	t	To OPI October 15		\$0.95
County Name		County Numb	er	District	Name			Legal Entity Number
Yellowstone		56		Billina	s Public S	Schools		0965 0966
Route #	Length of R	oute (miles per day)			Service [Bus Route Mil		Rated Capacity
21-652	14			Bus R	oute Mile	□ Non Bus Milea aαe	age	14
Vehicle I.D. #	Licens	se #		☐ District		•	Contractor	Owned
8935	7831				ct - If so, Na cted rate pe	me of Owner Frmile	First Stude	nt Clnc
Reimbursement Distribution- Er	nter the legal	entity number and pe				rsement to be pa	aid to each di	strict. Note: Percentages
Legal Entity 0965	Legal	Entity	must mat	Legal E			Legal Enti	ty
% 100.00	%			%			%	
PASSENGER INFORMATION	70						,,	
Number of Preschool/Kindergal	ten pupils	ELEMENTA (Grade:	RY RIDER s PK-8)	S	HIC	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a IBER			b NUMBER		c a+b
Regular (include eligible Preschool/liders)	Kindergarten	140101	IDEIX			HOWBER		u · p
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as an								
Signature - Chair, Board of Trustees		, -			<u> </u>	•	Date	
County This Application for Registration area assigned to it by the Coun	n of School Bu							
Signature - Chair, County Transport							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 \$0.95 All Routes October 1 Legal Entity Number County Name County Number District Name Billings Public Schools Yellowstone 0965 0966 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 52-652 18 14 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 8553 4619 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
Due Dates All Routes	::			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$0.95
County Name		County N	lumber	District	Name		Legal Entity Number
Yellowstone		56			s Public Schools		0965 0966
Route #	Length of R	ength of Route (miles per day)		Type of	Service Bus Route M Non Bus Mile	•	Rated Capacity
60-651 Vehicle I.D. #	14 Licens	#		•	oute Mileage	0 t t (23
6868	4620				Owned ct - If so, Name of Owner cted rate per mile	Contractor C First Studen	
Reimbursement Distribution- En	ter the legal	entity number ar			unty reimbursement to be p	paid to each dis	trict. Note: Percentages
Legal Entity 0966	Legal	Entity	mustm	Legal E		Legal Entit	у
% 100.00	%			%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergart riding this route	en pupils		NTARY RIDE rades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)					NOMBLIX		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rebus operates on the route as app							
Signature - Chair, Board of Trustees						Date	
County T This Application for Registration area assigned to it by the County	of School Bu	is and State Rei			accordance with Section eviewed and I certify that this		
Signature - Chair, County Transporta	ation Committe	е				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						plete one form for	each bus route that	
		ough trans					Rate Per Mile	
Due Dates All Routes				ounty Sup ber 1	t To OPI October	15	\$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Leng	th of Rout	e (miles per day)		f Service Bus Ro		Rated Capacity	
64-650	14			Bus R	□ Non Bu Route Mileage	s Mileage	25	
Vehicle I.D. #		License #		□ District	Owned	Contractor		
4093		7776			ct - If so, Name of Ow cted rate per mile	mer First Stude	nt Clnc	
Reimbursement Distribution- En	iter the	e legal enti		e of state/co atch budget		o be paid to each d	strict. Note: Percentages	
Legal Entity 0965		Legal Ent		Legal E		Legal Ent	ity	
% 100.00		%		%		%	Rate Per Mile \$0.95 Legal Entity Number 0965 0966 Rated Capacity 25 tor Owned Ident Clnc The district. Note: Percentages Entity TOTAL ELIGIBLE RIDERS C a + b Sasigned and approved by the 1, MCA. Junty Superintendent as are Patrol and the State tate and county reimbursement for s, 20-10-126(2) MCA, signed by Tansportation Committee in Incommittee.	
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HIGH SCHO	OL RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	ipils	(Grades PK-8)		(Grade			
			a NUMBER		k NUM) IRED	-	
Regular (include eligible Preschool/k riders)	Kinderg	arten	HOMBER		TYO!!!	BEIX	u · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3						
agreement) (Include ineligible Preschool/Kinderg		iders)						
Nonpublic School Riders (ineligible)		,						
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees	_	•	·			Date		
County 1 This Application for Registration			Committee Approval as ind State Reimbursement					
area assigned to it by the Count Signature - Chair, County Transporta	y Trar	nsportation				Date	F	
Oignature - Onaii, County Transports	adon O	ommitte				Date		



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt. 1 copy School District

Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 Legal Entity Number County Name County Number District Name Yellowstone Billings Public Schools 0965 0966 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 60-602 25 14 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 4129 7825 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0966 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, Coun	y Transportation Committee		Date
-------------------------	----------------------------	--	------

Signature - Chair, Board of Trustees



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev		,			•			
Due Dates : All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length of	f Route	(miles per day)	Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile:		Rated Capacity	
67-001 Vehicle I.D. #	14			ı '	oute Mileage		65	
2198	461	ense # 11			: Owned Ct - If so, Name of Owner Coted rate per mile	Contractor C First Studer		
Reimbursement Distribution- Ent	er the lega	al entity		e of state/co	unty reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Leg	al Entity		atch budge Legal E		Legal Entit	у	
% 100.00	q	%		%		%		
PASSENGER INFORMATION	_							
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NONBLIC		NOMBER		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ince)						
Nonpublic School Riders (ineligible)	,							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as app Signature - Chair, Board of Trustees								
Signature - Chair, board of Trustees						Date		
This Application for Registration area assigned to it by the County	of School / Transpor	Bus and rtation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transportat	tion Commi	ittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of					e one form for e	ach bus route that	
						Rate Per Mile	
Due Date All Routes			ounty Supt ber 1	t To OPI October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Ro	ute (miles per day)		f Service Bus Route		Rated Capacity	
61-612	14		Bus R	□ Non Bus Mi Route Mileage	leage	65	
Vehicle I.D. #	License	: #	□ District		Contractor (Owned	
4094	7824						
Reimbursement Distribution- E	nter the legal e		e of state/co atch budget		paid to each dis	strict. Note: Percentages	
Legal Entity	Legal E		Legal E		Legal Enti	ty	
0965							
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kinderga	rten nunile	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
riding this route	Titeri pupiis	(Grades FR-6)		(Grades 9-	12)	LEIGIBLE RIDERS	
		a		b		C	
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER	?	a + b	
riders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinder							
Nonpublic School Riders (ineligible))						
TOTAL RIDERS							
We hereby certify that this bus w	vill operate entirel	y on the route established by the	Board of Tru	Lustees and within the transpor	tation area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this to							
required; to provide a vehicle which Superintendent; and to provide a lice	meets the minim	um standards as established by	the Board of	Public Education, the Montar	na Highway Patrol		
We also agree to refrain from so We understand that violations of	liciting or causing	others to solicit students from o	ther transpor	tation areas.		nd county reimbursement for	
this bus route.			·		· ·	•	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for							
bus operates on the route as a Signature - Chair, Board of Trustee		within the transportation se	ivice area a	issigned by the County Tr	Date Date	mmillee.	
County This Application for Registration area assigned to it by the Coun	n of School Bus						
Signature - Chair, County Transport		on Johnmittoe.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Tit	le 20, Chapter 10, Part	1, MCA. Sch	ool district offi	icial must complete one	form for ea	ch bus route that		
	_	transportees of anothe				F	Rate Per Mile		
Due Date All Routes			To County October 1	/ Supt	To OPI October 15	\$	61.36		
County Name		County Number	er Di	istrict Name			Legal Entity Number		
Yellowstone		56	В	Billings Publ	ic Schools		0965 0966		
Route #	Length of	Route (miles per day)		ype of Service	e □ Bus Route Mileag	je	Rated Capacity		
63-611	14		В	Bus Route M	□ Non Bus Mileage		65		
Vehicle I.D. #	Licer	nse#		District Owned	Con	tractor O			
4115	782	3							
Reimbursement Distribution- Er	nter the lega	l entity number and pe	rcentage of sta must match b		mbursement to be paid t	o each dist	rict. Note: Percentages		
Legal Entity	Lega	al Entity		egal Entity	l	_egal Entity	,		
0965									
% 100.00	9/	, 0		%		%	TOTAL ELIGIBLE RIDERS C a+b		
PASSENGER INFORMATION	•								
Number of Preschool/Kindergar	ten pupils	ELEMENTAI (Grades			HIGH SCHOOL RIDEF (Grades 9-12)	RS			
riding this route			•		(
		а			b		-		
Regular (include eligible Preschool/l	Kindergarten	NUM	BER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderd									
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus w	ill onerate ent	irely on the route establish	ned by the Board	d of Trustees an	d within the transportation a	area assigne	d and approved by the		
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further ce ous and bus ro meets the mi	rtify that this bus transport oute by the State Superint nimum standards as estab	ts pupils eligible endent; to make blished by the Bo	for school trans such reports to pard of Public Ed	portation as defined by 20- the State Superintendent a ducation, the Montana High	10-101, MCA nd County S	uperintendent as are		
We also agree to refrain from sol We understand that violations of	iciting or caus	sing others to solicit studer	nts from other tra	ansportation are	as.	g of state an	d county reimbursement for		
this bus route. We agree that if this route crosse					of the agreement between I	Boards, 20-1	0-126(2) MCA, signed by		
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.					rm and approval of the Cou	inty Transpor	rtation Committee in		
I certify that this application for bus operates on the route as ap									
Signature - Chair, Board of Trustees		and admoport		3a abolgilou	Da Da				
This Application for Registration area assigned to it by the Country	of School E	Bus and State Reimbur			ance with Section 20-1 and I certify that this bus				
Signature - Chair, County Transport					Da	ate			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e									one form for e	ach bus route that	t
Due Date:		oug ac		•		inty Supt		To OPI		Rate Per Mile	
All Routes					ctobe		•	October 15		\$1.36	
County Name				County Number		District	Name			Legal Entity Nun	nber
Yellowstone				56		Billing	s Public	Schools		0965 0966	
Route #	Leng	gth of Ro	oute (r	niles per day)		Type of Service Bus Route Mile				Rated Capacity	
51-653	14					□ Non Bus Mileage Bus Route Mileage 65					
Vehicle I.D. #	chicle I.D. # License #					District	Owned	(Contractor (
9910		4606					ct - If so, N cted rate p	lame of Owner b er mile	First Studer	nt Clnc	
Reimbursement Distribution- Er	nter the	e legal e	ntity n			f state/co		ursement to be p	aid to each di	strict. Note: Perc	entages
Legal Entity		Legal E	Entity	made	mate	Legal E			Legal Enti	ty	
0966											
% 100.00		%				%			%		
PASSENGER INFORMATION											
Number of Preschool/Kindergar riding this route	ten pu	ıpils		ELEMENTARY RII (Grades PK-8		S	H	IIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RII	DERS
		-		а				b		C	
Regular (include eligible Preschool/l	Kinderg	arten		NUMBER				NUMBER		a + b	
riders) 1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Service	е									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3									
agreement) (Include ineligible Preschool/Kinderg		riders)									
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							ement for ned by				
Signature - Chair, Board of Trustees		u by all	a VVILIII	ii uie uansportation	JCI VI	oc aita d	issigneu D)	, the County Hall	Date	minutee.	
	-	4 41							20.40.400.55		
This Application for Registration	of Sc	hool Bus	s and								ortation
area assigned to it by the Count Signature - Chair, County Transport	_			ommittee.					Date		
, ,											



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though	transp	ortees of another legal er	ntity may ut	ilize the se	rvices.	Rate Per Mile	
Due Dates				ounty Supt	t	To OPI		
All Routes			Octol	per 1		October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Billing	s Public	Schools		0965 0966
Route #	Length of	Route	(miles per day)	Type of	Rated Capacity			
54-051	11			Bus R	oute Mile	□ Non Bus Mileaeage	age	71
Vehicle I.D. #	Lice	nse #		□ District	Owned	C	ontractor (
4207	777	78			ct - If so, N cted rate p	lame of Owner F er mile	irst Studer	nt Clnc
Reimbursement Distribution- Er	nter the lega	al entity		of state/co		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity		Legal E			Legal Enti	ty
0965								
% 100.00	Q	%		%			%	
PASSENGER INFORMATION					T			
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	H	IGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/k	Kindergarten		NOMBER			NOMBER		a v
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	<u>, a. 1.011 11.0107</u>							
TOTAL RIDERS								
We hereby certify that this bus wi	ill operate en	tirely on	the route established by the	Board of Tru	etees and w	ithin the transportati	on area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b	We further ce us and bus re	ertify that oute by t	t this bus transports pupils el the State Superintendent; to	igible for sch make such r	ool transpore	tation as defined by State Superintende	20-10-101, MC nt and County	A. Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qualifi	ied and a	approved driver to operate so	ich vehicle a	s required b		algnway Patrol	and the State
We understand that violations of						ient cause for withho	olding of state a	nd county reimbursement for
We agree that if this route crosse	this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by							
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							mmittee.	
This Application for Registration	of School	Bus an						
area assigned to it by the Count Signature - Chair, County Transport:			committee.				Date	
•								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex							
Due Dates All Routes				County Sup	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	Distric	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length	h of Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity
51-650	11			Bus F	Route Mileage	Ŭ.	71
Vehicle I.D. # License #				□ Distric	t Owned act - If so, Name of Owner I	Contractor C	
4213 4723				□ Contra	cted rate per mile		
Reimbursement Distribution- En	iter the I	legal entity		e of state/conatch budge		aid to each dis	trict. Note: Percentages
Legal Entity 0966	l	Legal Enti		Legal E		Legal Entit	у
% 100.00		%		%		%	
PASSENGER INFORMATION	_						
Number of Preschool/Kindergart riding this route	ten pupi	ils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		C
Regular (include eligible Preschool/K riders)	Kindergar	rten	NOMBER		NOMBER		a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance	lore)					
Nonpublic School Riders (ineligible)	arten no	(613)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees		Jy and Wi	ami are dansportation se	or vice alea	assigned by the County Hall	Date	minuco.
		441				20.40.400.55	
This Application for Registration area assigned to it by the County	of School	ool Bus ar portation (nd State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transporta	ation Cor	mmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though tra	ansportees of another le	gal entity	y may util	ize the servi	ces.	1	Rate Per Mile
Due Date All Routes			To Cour October	nty Supt		Fo OPI October 15		\$1.57
County Name		County Number		District N	Name			Legal Entity Number
Yellowstone		56		Rillings	s Public So	choole		0965 0966
Route #	Length of R	oute (miles per day)				Bus Route Mile	eage	Rated Capacity
32-650	11			Due De		Non Bus Milea	ge	71
Vehicle I.D. #	Licens	e #			oute Milea Owned		ontractor C	
1745	7784			Contrac		ne of Owner F		
Reimbursement Distribution- Er	nter the legal e			state/cou		sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity 0966	Legal		ist match	Legal En			Legal Entity	ý
% 100.00	%			%			%	
PASSENGER INFORMATION								_
Number of Preschool/Kindergal riding this route	ten pupils	ELEMENTARY (Grades Pk			HIGI	H SCHOOL RID (Grades 9-12)	DERS	TOTAL ELIGIBLE RIDERS
		a NUMBEF	R			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten	-				-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								_
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sof we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts of we understand route changes of accordance with 20-10-132, MCA.	We further certi- rus and bus rout meets the minir ensed, qualified iciting or causin the laws, rules as district lines a nall be attached	y that this bus transports pue by the State Superintendenum standards as establish and approved driver to ope gothers to solicit students for regulations governing school transports students from to the county superintender	upils eligibent; to ma ed by the erate such from other nool transp n outside t nt's copy o	ble for schoke such re Board of F vehicle as transportation w the district, of this docu	pol transportation to the St. Public Education required by 20 ation areas. Will be sufficient a copy of the nument.	on as defined by 2 ate Superintender on, the Montana H 0-10-103, MCA. t cause for withhol agreement between	20-10-101, MCA nt and County S ighway Patrol a Iding of state ar en Boards, 20-1	A. Superintendent as are und the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees					<u> </u>		Date	
County .	Fransportatio	n Committee Approva	l as regi	uired in a	ccordance	with Section 2	0-10-132. MC	A .
This Application for Registration area assigned to it by the Coun	of School Buty Transportat	s and State Reimbursen ion Committee.						
Signature - Chair, County Transport	ation Committee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that
Due Date All Routes				Fo Cou Octobe	inty Supt	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name		Legal Entity Number
Yellowstone			56			s Public Schools		0965 0966
Route #	Leng	gth of Rou	te (miles per day)		Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity
02-251	11				Bus R	Route Mileage	-	71
Vehicle I.D. #		License #	'		District	Owned of Owner	Contractor (Owned
1747		768A				cted rate per mile		
Reimbursement Distribution- Er	nter the	e legal ent			f state/co ch budget		aid to each dis	strict. Note: Percentages
Legal Entity		Legal Er			Legal E		Legal Entit	ty
0965								
% 100.00		%			%		%	
PASSENGER INFORMATION			EL EMENTA DV.	NDED!	<u> </u>	LIIOU COLIOOL D	IDEDC	TOTAL
Number of Preschool/Kindergal riding this route	ten pu	ıpils	ELEMENTARY F (Grades PK		5	HIGH SCHOOL R (Grades 9-12		ELIGIBLE RIDERS
			a NUMBER)		b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderg	garten	NOMBER	`		NOWIDER		a + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Servic	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	lance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		•	·			•	Date	
County	Tranci	nortation	Committee Approval	26 roo	uired in	accordance with Section	20-10-132 M/C	2Δ
This Application for Registration area assigned to it by the Coun	of Sc ty Trar	chool Bus ansportation	and State Reimbursem				s bus operates	
Signature - Chair, County Transport	ation C	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that
Due Dates All Routes	s:	ū	To C	County Sup			Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Lengt	th of Route	e (miles per day)	Type of	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity
55-001	11			Bus F	Route Mileage	Ü	71
Vehicle I.D. # 2303		License # 4347			t Owned (act - If so, Name of Owner octed rate per mile	Contractor (First Studer	
Reimbursement Distribution- En	legal enti		e of state/co	ounty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Legal Ent		Legal E		Legal Entit	ty	
% 100.00	%		%		%		
PASSENGER INFORMATION				-DC	LIIOH COHOOL D	IDEDC	TOTAL
Number of Preschool/Kindergart riding this route	ten pup	oils	ELEMENTARY RIDE (Grades PK-8)	=K5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	Kinderga	arten					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	,					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendate agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
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County T This Application for Registration area assigned to it by the Count	of Sch	nool Bus a	nd State Reimbursement		accordance with Section eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev					•		
Due Dates All Routes	: :			County Sup ober 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length	n of Route	(miles per day)	Type of	f Service Bus Route Mi Non Bus Mile		Rated Capacity
02-600 Vehicle I.D. #	11	iconoc #		1 .	Route Mileage		18
8553		icense # 1619			t Owned ct - If so, Name of Owner cted rate per mile	Contractor C First Studen	
Reimbursement Distribution- Ent	ter the I	egal entity		e of state/co	ounty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0965	L	_egal Entit		Legal E		Legal Entit	У
% 100.00		%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarteriding this route	en pupi	ils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/K riders)	lindergar	ten	NOMBLIX		NOMBER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	ers)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.						
Signature - Chair, board of Trustees						Date	
This Application for Registration area assigned to it by the County	of Scho y Trans	ool Bus an portation (d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	tion Con	nmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.						e one form for e		
Due Dates All Routes				County Sup	ot To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		gs Public Schools		0965 0966	
Route #	Length of F	Route	(miles per day)	Type o	of Service □ Bus Route Non Bus Mi	•	Rated Capacity	
67-051 Vehicle I.D. #	11	4		1	Route Mileage	_	18	
Vehicle I.D. # License # 4619					act - If so, Name of Owner acted rate per mile	Contractor (First Studer		
Reimbursement Distribution- En	entity		e of state/co	ounty reimbursement to be	paid to each dis	strict. Note: Percentages		
Legal Entity 0965	Lega	l Entity		Legal E		Legal Entit	у	
% 100.00	%			%		%		
PASSENGER INFORMATION		_						
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL I (Grades 9-		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBEF)	c a+b	
Regular (include eligible Preschool/kiriders)	Kindergarten		NOMBLIX		NOWBEI	Δ.	a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIDLERS								
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	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees						Date		
County T This Application for Registration area assigned to it by the Count	of School B	us and	d State Reimbursement		accordance with Section eviewed and I certify that the			
Signature - Chair, County Transporta	ation Committe	ее				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ince with Title 20	, Chapter 10, Part 1, MCA	A. School di	strict official must comp	lete one form for e	ach bus route that	
receives state reimbursement e						Rate Per Mile	
Due Date: All Routes			County Suprober 1	t To OPI October 1	5	\$1.36	
All Roules)	Ocit	bbei i	October 1	<u> </u>	\$1.30	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Rout	e (miles per day)	Type of	Service □ Bus Rout □ Non Bus		Rated Capacity	
52-002	11		Bus R	toute Mileage	willeage	65	
Vehicle I.D. #	License #	!	□ District		Contractor (Owned	
1247	5070			ct - If so, Name of Own cted rate per mile	er 		
Reimbursement Distribution- Er	nter the legal ent				be paid to each di	strict. Note: Percentages	
Legal Entity	Legal En		natch budget Legal E		Legal Enti	ty	
0965							
% 100.00	%		%		%		
% 100.00 PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergar	ten nunils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS	
riding this route	Terr pupils	(Grades Fix-0)		(Grades	J-12)	LEIGIBLE RIBERO	
		a		b		С	
Regular (include eligible Preschool/l	Kindergarten	NUMBER		NUMB	ER	a + b	
riders) 1st Wheelchair (WC)	<u> </u>						
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS	OCIVICO						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely of	on the route established by the	e Board of Tru	ustees and within the trans	portation area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this b							
required; to provide a vehicle which Superintendent; and to provide a lice						and the State	
We also agree to refrain from sol We understand that violations of					withholding of state a	and county reimbursement for	
this bus route. We agree that if this route crosse	es district lines and	transports students from outs	side the distric	t, a copy of the agreement	between Boards, 20-	-10-126(2) MCA, signed by	
the school boards of both districts sl We understand route changes of					of the County Transp	ortation Committee in	
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as ap	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.						
Signature - Chair, Board of Trustees	3				Date		
County ⁻	Transportation (Committee Approval as	required in	accordance with Sect	ion 20-10-132, M	CA.	
This Application for Registration area assigned to it by the Coun	n of School Bus a	and State Reimbursement					
Signature - Chair, County Transport					Date		
					1		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						e one form for e	each bus route that
		ough trai					Rate Per Mile
Due Dates All Routes				ounty Sup ber 1	t To OPI October 15		\$1.36
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56	Billing	s Public Schools		0965 0966
Route #	Leng	gth of Rou	ute (miles per day)		f Service Bus Route		Rated Capacity
53-201	11			Bus F	□ Non Bus M Route Mileage	lleage	65
Vehicle I.D. #		License	#	□ Distric	t Owned	Contractor	
2201		7758			act - If so, Name of Owner acted rate per mile	First Stude	nt Clnc
Reimbursement Distribution- En	iter the	e legal en				paid to each di	strict. Note: Percentages
Legal Entity		Legal E		atch budget Legal E		Legal Enti	ty
0965							
% 100.00		%		%		%	
PASSENGER INFORMATION							T0711
Number of Preschool/Kindergar	ten pu	pils	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route			,		·	•	
			a		b		С
Regular (include eligible Preschool/k	Kinderg	arten	NUMBER		NUMBER	₹	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	е					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3					
agreement) (Include ineligible Preschool/Kinderg		idoro)					
Nonpublic School Riders (ineligible)	anenn	ideis)					
TOTAL RIDERS							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				- D T		4-4:	
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which	We furt	her certify bus route	that this bus transports pupils e by the State Superintendent; to	eligible for sch make such r	nool transportation as defined reports to the State Superinte	by 20-10-101, Mondent and County	CA. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli	ensed, of	qualified a	nd approved driver to operate so others to solicit students from continuous	such vehicle a other transpor	as required by 20-10-103, MC tation areas.	A. ,	
We understand that violations of this bus route.							
We agree that if this route crosse the school boards of both districts sh	nall be a	attached to	the county superintendent's co	opy of this do	cument.	,	() , , ,
We understand route changes or accordance with 20-10-132, MCA.	curring	during the	e school year require the filing o	of an amende	d TR-1 form and approval of t	he County Transp	ortation Committee in
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees	_		,		, ,	Date	
0			Committee Assessed	re accione al l'e	0000d0m00!4b 00-41-	n 20 40 420 15	ΩA
This Application for Registration area assigned to it by the Count	of Scl	hool Bus					
Signature - Chair, County Transporta	ation Co	ommittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e					one form for e	ach bus route that
						Rate Per Mile
Due Date All Routes			County Suprober 1	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of R	coute (miles per day)		f Service Bus Route M		Rated Capacity
51-654	11		Bus R	□ Non Bus Mile Route Mileage	eage	65
Vehicle I.D. #	Licens	se #	□ District		Contractor (Owned
9914	4742			ct - If so, Name of Owner acted rate per mile	First Studer	nt Clnc
Reimbursement Distribution- El	nter the legal				oaid to each dis	strict. Note: Percentages
Legal Entity 0966	Legal	Entity must m	Legal E		Legal Enti	ty
% 100.00	%		%		%	
PASSENGER INFORMATION				1,101,102,122,12	IDED?	70711
Number of Preschool/Kinderga riding this route	rten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/riders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
TOTAL RIBERO						
County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from so the word of this bus route. We agree that if this route crosses the school boards of both districts so the school boards of both districts so the school boards of both districts of the school boards of the school boards of both districts of the school boards of the school boards of both districts of the school boards of the scho	We further certi- pus and bus rou- meets the mini- ensed, qualified liciting or causin the laws, rules es district lines a hall be attached ccurring during to	te by the State Superintendent; to mum standards as established by I and approved driver to operates or regulations governing school to and transports students from outs I to the county superintendent's country school year require the filing of	eligible for schoon make such ry the Board of such vehicle a other transporransportation side the districtopy of this door an amende	nool transportation as defined be reports to the State Superintence. Public Education, the Montana se required by 20-10-103, MCA tation areas. will be sufficient cause for with t, a copy of the agreement betwoement. d TR-1 form and approval of the	y 20-10-101, MC lent and County Highway Patrol nolding of state a veen Boards, 20- e County Transp	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustees		•			Date	
County This Application for Registration area assigned to it by the Coun	n of School Bu					
Signature - Chair, County Transport					Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e						for each bus route that	
	-					Rate Per Mile	
Due Date All Routes		To Co Octo	ounty Supt ber 1		DPI ober 15	\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Scho	ols	0965 0966	
Route #	Length of Rou	te (miles per day)		Service Bu	s Route Mileage	Rated Capacity	
43-004	11		Bus R	□ No oute Mileage	n Bus Mileage	65	
Vehicle I.D. #	License #	‡	□ District		Contract	or Owned	
9918	4746			ct - If so, Name o cted rate per mile	f Owner First Stu	dent Clnc	
Reimbursement Distribution- En	nter the legal ent		of state/co		ent to be paid to eac	h district. Note: Percentages	
Legal Entity	Legal En		Legal E		Legal	Entity	
0965							
% 100.00	%		%		%		
PASSENGER INFORMATION						_	
Number of Preschool/Kindergar	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		CHOOL RIDERS rades 9-12)	TOTAL ELIGIBLE RIDERS	
riding this route		,		,	,		
		a			b	c _.	
Regular (include eligible Preschool/	Kindergarten	NUMBER			NUMBER	a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely	on the route established by the	Poard of Tru	etage and within th	o transportation area as	esigned and approved by the	
County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice.	We further certify to bus and bus route bus meets the minimur	hat this bus transports pupils e by the State Superintendent; to m standards as established by	ligible for sch make such r the Board of	nool transportation a eports to the State to Public Education, the	is defined by 20-10-101 Superintendent and Co ne Montana Highway P	, MCA. unty Superintendent as are	
We also agree to refrain from so We understand that violations of this bus route.					use for withholding of st	ate and county reimbursement for	
We agree that if this route crosses the school boards of both districts s We understand route changes or	hall be attached to	the county superintendent's co	py of this do	cument.			
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
bus operates on the route as ap Signature - Chair, Board of Trustees		vitnin the transportation sei	vice area a	ssigned by the C	ounty Transportation Date	Committee.	
County This Application for Registration area assigned to it by the Coun	n of School Bus a						
Signature - Chair, County Transport	•				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

r copy School Distri

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MCA	A. School dis	strict official must complete	one form for e	ach bus route that
						Rate Per Mile
Due Dates All Routes			County Supt ober 1	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	56 Billings Public Schools			0965 0966
Route #	Length of R	oute (miles per day)		f Service Bus Route M Non Bus Mile		Rated Capacity
55-003					eage	65
Vehicle I.D. #	e #	□ District		Contractor (
2204	4615			ct - If so, Name of Owner cted rate per mile	First Studer	nt Clnc ——
Reimbursement Distribution- Er	iter the legal o		e of state/co natch budget		paid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Enti	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		a		b		c .
Regular (include eligible Preschool/k	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderd						
Nonpublic School Riders (ineligible)	janen naers)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entire	ely on the route established by th	e Board of Tru	ustees and within the transport	ation area assign	ed and approved by the
County Transportation Committee. \(Ve agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certi us and bus rout meets the minir	fy that this bus transports pupils te by the State Superintendent; to mum standards as established by	eligible for schomake such rought the Board of	nool transportation as defined be reports to the State Superintend Public Education, the Montana	by 20-10-101, MC dent and County a Highway Patrol	A. Superintendent as are
We also agree to refrain from sol We understand that violations of	iciting or causin	g others to solicit students from	other transpor	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosse					ween Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes of					e County Transp	ortation Committee in
I certify that this application for i						
bus operates on the route as ap Signature - Chair, Board of Trustees		a within the transportation se	ervice area a	issigned by the County Tra	Date Date	mmittee.
County This Application for Registration area assigned to it by the County	of School Bu					
Signature - Chair, County Transporta					Date	
					1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Date All Routes	ven though trans	sportees of another legal er	ntity may uti ounty Supt	ilize the services.	· I	Rate Per Mile \$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public School	s	0965 0966
Route #	Length of Rout	e (miles per day)		Service Bus F	Route Mileage	Rated Capacity
61-613	-613 11.4			□ Non E oute Mileage	Bus Mileage	71
Vehicle I.D. #	License #		□ District		Contracto	
4201	E429			ct - If so, Name of C cted rate per mile _	wner First Stud	ent Clnc
Reimbursement Distribution- Er	iter the legal enti				to be paid to each	district. Note: Percentages
Legal Entity	Legal En		atch budget Legal Ei		Legal E	ntity
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		IOOL RIDERS les 9-12)	TOTAL ELIGIBLE RIDERS
		a NUMBER		NU	b MBER	c a + b
Regular (include eligible Preschool/l riders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)	ance					
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	We further certify the use and bus route be meets the minimum ensed, qualified and iciting or causing of the laws, rules or rules district lines and hall be attached to the same and the same and the same are same as the same are same and the same are same and the same are	nat this bus transports pupils e y the State Superintendent; to n standards as established by d approved driver to operate si thers to solicit students from of egulations governing school tra transports students from outsi the county superintendent's co	ligible for sch make such re the Board of uch vehicle as ther transport ansportation v de the district ppy of this doc	tool transportation as of eports to the State Sup Public Education, the sequired by 20-10-10 tation areas. will be sufficient cause t, a copy of the agreement.	lefined by 20-10-101, I perintendent and Coun Montana Highway Patr 13, MCA. for withholding of statement between Boards, 2	MCA. ty Superintendent as are rol and the State e and county reimbursement for 20-10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees					Date	
County This Application for Registration area assigned to it by the Coun	of School Bus a		-			
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.								
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	3			Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
56-001 11.7			T .	oute Mileage	_	71		
Vehicle I.D. # 4215	7832	#		Owned ct - If so, Name of Owner cted rate per mile	Contractor C First Studen			
Reimbursement Distribution- En	ter the legal en		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0965	Legal Eı		natch budget Legal E		Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
				b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)				NOMBER		a i b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees					Date			
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Committee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though tr	ansportees of an	other legal ent	tity may uti	lize the ser	vices.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D / D Mil	
Due Dates				unty Supt		To OPI		Rate Per Mile	
All Routes			Octobe	er 1		October 15		\$1.57	
County Name		County N	umber	District N	Name			Legal Entity Number	
Yellowstone		56		Billings	Billings Public Schools			0965 0966	
Route #	Length of R	toute (miles per d	lay)	Type of Service ☐ Bus Route Mile				Rated Capacity	
45-650	11.9			Bus Ro	oute Mile	□ Non Bus Milea age	age	71	
Vehicle I.D. #	Licens	se #	[□ District	Owned	C	ontractor (
4205 4733					ot - If so, Na oted rate pe	ame of Owner Fer mile	irst Studer	nt Clnc	
Reimbursement Distribution- Er	ter the legal	entity number an		of state/cou		ursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal	Entity	must mat	Legal Er			Legal Enti	ty	
0965									
% 100.00	%			%			%		
PASSENGER INFORMATION									
Number of Preschool/Kindergar	ten pupils		NTARY RIDER ades PK-8)	RS	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route									
		N	a NUMBER			b NUMBER		c a+b	
Regular (include eligible Preschool/h	Kindergarten	<u> </u>							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg									
Nonpublic School Riders (ineligible)	arton nacio,								
TOTAL RIDERS									
We hereby certify that this bus wi	Il operate entire	alv on the route est	ahlishad hy tha F	Board of True	stees and wi	ithin the transportati	on area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certi us and bus rou	ify that this bus trante te by the State Sup	sports pupils elig erintendent; to m	gible for scho nake such re	ool transport ports to the	ation as defined by State Superintende	20-10-101, MC nt and County	A. Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	citing or causir	ng others to solicit s	tudents from oth	er transporta	ation areas.		olding of state a	nd county reimbursement for	
this bus route.			· ·	•			J	•	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
bus operates on the route as ap Signature - Chair, Board of Trustees		id within the trans	ice area as	ssigned by	the County Trans	sportation Col Date	mmittee.		
County 1 This Application for Registration area assigned to it by the County	of School Bu	us and State Reir				e with Section 2 d I certify that this			
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					e one form for e	each bus route that		
		•				Rate Per Mile		
Due Dates All Routes		To Co Octol	ounty Supt ber 1	t To OPI October 15		\$1.36		
County Name		County Number District Name				Legal Entity Number		
Yellowstone		56	Billing	s Public Schools		0965 0966		
Route #	Length of Route	(miles per day)		f Service Bus Route		Rated Capacity		
43-003		Bus R	□ Non Bus Mi Route Mileage	leage	65			
Vehicle I.D. #	License #		□ District		Contractor	Owned		
9911			ct - If so, Name of Owner cted rate per mile	First Stude	nt Clnc			
Reimbursement Distribution- Er	nter the legal entity				paid to each di	strict. Note: Percentages		
Legal Entity 0965	Legal Enti		Legal E		Legal Ent	ity		
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	RS.	HIGH SCHOOL	RIDERS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8)	Ko	(Grades 9-		ELIGIBLE RIDERS		
		a NUMBER		b NUMBER	₹	c a+b		
Regular (include eligible Preschool/hriders)	Kindergarten	-						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg	garten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		,		, ,	Date			
County 1 This Application for Registration area assigned to it by the Count	of School Bus ar	nd State Reimbursement I		accordance with Section eviewed and I certify that t				
Signature - Chair, County Transport					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Display	This form is required in accorda	nce with Tit	le 20, Char	oter 10, Part 1, MCA.	School di	strict official	must complete o	one form for e	ach bus route that
All Routes County Name County Name County Number District Name Legal Entity Number So Billings Public Schools O965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage So Route Mileage		_	transported						Rate Per Mile
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Dus Route Mileage Rated Capacity 25 Dus Route Mileage Dus Route Mileage 25 Dus Route Milea						ı			\$0.95
Route # Length of Route (miles per day) Type of Service Dus Route Mileage Service 25	County Name		Co	ounty Number	District	Name			Legal Entity Number
Contract of the part of the	Yellowstone		56	3	Billing	s Public S	Schools		0965 0966
Second Contract of Second Cont	Route #	Length of Route (miles per day)				Service	☐ Bus Route Mil		Rated Capacity
Vehicle I.D. # License # District Owned Contractor Owned	61-653							age	25
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity					□ District	Owned	(
Legal Entity	4093	777	6					First Studer	nt Clnc
Legal Entity 1. Legal	Reimbursement Distribution- Er	nter the lega	l entity nun				rsement to be pa	aid to each di	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) Ist Wheelchair (WC) 2 NUMBER NUMBER NUMBER C		Leg	al Entity	mastma				Legal Enti	ty
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	This Application for Registration	of School	Bus and Sta	ate Reimbursement h					
	The state of the s							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev		,			•			
Due Dates All Routes	:			ounty Sup ober 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length o	of Route ((miles per day)	Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity	
67-201 12				T .	Route Mileage		65	
Vehicle I.D. # 2198		ense # 611			t Owned (ct - If so, Name of Owner i cted rate per mile	Contractor C First Studen		
Reimbursement Distribution- Ent	ter the leg	gal entity		e of state/co	ounty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0965	Le	egal Entity		atch budge Legal E		Legal Entit	У	
% 100.00		%		%		%		
PASSENGER INFORMATION	_							
Number of Preschool/Kindergarte riding this route	en pupils	s	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Ki riders)	indergarte	en	NOMBLIC		NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	rs)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees						Date		
This Application for Registration area assigned to it by the County	of Schoo y Transpo	ol Bus and ortation C	State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	tion Comm	nittee		_		Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.						one form for e	ach bus route that	
Due Dates All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Lengtl	h of Route	e (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity	
63-651	12			Bus R	Route Mileage	age	65	
Vehicle I.D. # License #				□ District		Contractor (
9845 4603				□ Contra	ct - If so, Name of Owner I cted rate per mile			
Reimbursement Distribution- En	ter the	legal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages	
Legal Entity 0965		Legal Enti		Legal E		Legal Entit	ty	
% 100.00		%		%				
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	ten pup	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a		b NUMBER		C	
Regular (include eligible Preschool/K	Kinderga	rten	NUMBER		NOMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten rid	lers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County T This Application for Registration					accordance with Section			
area assigned to it by the Count	y Trans	sportation		nas been le	eviewed and i certily that this		within the transportation	
Signature - Chair, County Transporta	ation Cor	mmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,					plete oi	ne form for e	
Due Dates All Routes				County ober 1		To OPI October	15		Rate Per Mile \$1.57
County Name			County Number	Di	istrict N	lame			Legal Entity Number
Yellowstone			56			Public Schools			0965 0966
Route # Length of Route (miles per day)			(miles per day)	Ту	ype of S	Service □ Bus Rou □ Non Bus			Rated Capacity
31-601 12						oute Mileage	•		71
Vehicle I.D. #	Licen				District (Contrac	Owned t - If so, Name of Owi	_	ontractor (irst Studer	
1745	7784			□С	Contrac	ted rate per mile			
Reimbursement Distribution- En			must m	natch bu	oudget!		be pai		
Legal Entity 0965	Lega	I Entity	У	Le	egal En	tity		Legal Enti	ty
% 100.00	%)			%			%	
PASSENGER INFORMATION							01 515		
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDI (Grades PK-8)	EKS		HIGH SCHO (Grades		JEKS	TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER			c a + b
Regular (include eligible Preschool/k	Kindergarten		NOWBER			NOW	BLK		a + b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)								
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap	proved by a								
Signature - Chair, Board of Trustees								Date	
County T This Application for Registration area assigned to it by the Count	of School B	Bus and							
Signature - Chair, County Transporta	ation Committe	ee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e								on bao roate that	
Due Dates	s:		To Co	ounty Supt	To	OPI	ı	Rate Per Mile	
All Routes	i		Octob	per 1	0	ctober 15	\$	\$1.57	
County Name			County Number	District Na	ame			Legal Entity Number	
Yellowstone			56	Billings	Public Sch	nools		0965 0966	
Route #	Length	n of Route	(miles per day)	Type of S	Type of Service ☐ Bus Route M			Rated Capacity	
56-201	12			Bus Ro	ute Mileag	Non Bus Mileaឲ e	je	71	
Vehicle I.D. #	Vehicle I.D. # License #			□ District O	wned	С	ontractor C		
1764 5071					 If so, Name ad rate per m 	of Owner Fi	rst Studen	t Clnc —	
Reimbursement Distribution- En	nter the I	legal entity		of state/countch budget!	nty reimburse	ment to be pai	d to each dis	rict. Note: Percentages	
Legal Entity	L	Legal Entit		Legal Enti	ity		Legal Entity	1	
0965									
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	LIIGH	OOLIGOL DID	EDO	TOTAL	
Number of Preschool/Kindergar	ten pupi	ils	ELEMENTARY RIDER (Grades PK-8)	35		SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
riding this route									
			a			р		C	
Regular (include eligible Preschool/k	 Kindergar	rten	NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ride	ers)							
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We furthe	er certify tha	at this bus transports pupils el	igible for school	ol transportation	n as defined by 2	0-10-101, MCA	۸.	
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli	ensed, qu	ualified and	approved driver to operate su	ich vehicle as r	equired by 20-		ghway Patrol a	nd the State	
We understand that violations of this bus route.	the laws,	rules or reg	gulations governing school tra	insportation wil	l be sufficient o	cause for withhole	ding of state an	d county reimbursement for	
We agree that if this route crosse the school boards of both districts sh			•	,		greement betwee	n Boards, 20-1	0-126(2) MCA, signed by	
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for rous operates on the route as ap									
Signature - Chair, Board of Trustees	•	- ,	2.0				Date		
County 1 This Application for Registration area assigned to it by the Count	of Scho	ool Bus an							
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the serv								Data Dar Mila
Due Dates All Routes			To Co Octol	ounty Supt per 1	t To OPI Octobe			Rate Per Mile \$1.57
County Name			County Number	District	District Name			Legal Entity Number
Yellowstone			56		s Public Schools	3		0965 0966
Route #	Lengt	th of Route	(miles per day)	Type of	Service □ Bus R □ Non B			Rated Capacity
56-301	12			Bus R	coute Mileage	ius iviliea	ge	71
Vehicle I.D. #		License #		□ District		_	ontractor C	
1764		5071			ct - If so, Name of O cted rate per mile	wner F	ırst Studen	t Cinc
Reimbursement Distribution- En	nter the	legal entity				to be pa	id to each dis	trict. Note: Percentages
Legal Entity 0965		Legal Entit		Legal E			Legal Entity	У
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pup	pils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCH (Grad	OOL RID es 9-12)	ERS	TOTAL ELIGIBLE RIDERS
			a NUMBER		NU	b MBER		c a + b
Regular (include eligible Preschool/hriders)	Kinderga	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	•						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ric	ders)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation service area assigned by the Coun							portation Cor	•
Signature - Chair, Board of Trustees Date								
County 1 This Application for Registration area assigned to it by the Count	of Sch	nool Bus an						
Signature - Chair, County Transporta	ation Co	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e					one form for e	each bus route that		
	-					Rate Per Mile		
Due Date All Routes		To Co Octol	ounty Supt ber 1	t To OPI October 15		\$1.57		
County Name		County Number	County Number District Name			Legal Entity Number		
Yellowstone		56	Billing	s Public Schools		0965 0966		
Route #	Length of Route	e (miles per day)		f Service ☐ Bus Route N ☐ Non Bus Mil		Rated Capacity		
02-002	02-002 7.1				eage	71		
Vehicle I.D. #	License #		□ District		Contractor			
4219			ct - If so, Name of Owner cted rate per mile	First Stude	nt Clnc			
Reimbursement Distribution- En	nter the legal entit				paid to each di	strict. Note: Percentages		
Legal Entity 0965	Legal Ent		Legal E		Legal Enti	ity		
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	RS	HIGH SCHOOL F	RIDERS	TOTAL		
Number of Preschool/Kindergal riding this route	rten pupils	(Grades PK-8)		(Grades 9-1	2)	ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinder								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees	3				Date			
County This Application for Registration area assigned to it by the Coun	n of School Bus a	nd State Reimbursement I		accordance with Section eviewed and I certify that the				
Signature - Chair, County Transport					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.									one form f		
Due Dates All Routes					Cou obe	nty Supt r 1	t	To OPI October 15			Rate Per Mile \$1.57
County Name				County Number		District	Name				Legal Entity Number
Yellowstone				56				Schools			0965 0966
Route #	Leng	gth of Ro	oute (miles per day)		Type of	Service	☐ Bus Route N☐ Non Bus Mil			Rated Capacity
55-301 7 Vehicle I.D. # License #							oute Mile	eage			71
			e #				Owned	lame of Owner	Contractor		
2303 4347						Contra	cted rate p	er mile			
Reimbursement Distribution- En	ter the	e legal e	ntity			state/co		ursement to be	paid to each	n dis	trict. Note: Percentages
Legal Entity Legal Entity 0965						Legal E			Legal I	Entity	/
% 100.00		%				%			%		
PASSENGER INFORMATION											
Number of Preschool/Kindergar riding this route	ten pu	ıpils		ELEMENTARY RID (Grades PK-8)		Ď.	H	IGH SCHOOL F (Grades 9-1			TOTAL ELIGIBLE RIDERS
		-		a				b NUMBER			C
Regular (include eligible Preschool/k	Regular (include eligible Preschool/Kindergarten							NUMBER			a + b
1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Related	Servic	e									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance										
Nonpublic School Riders (ineligible)											
TOTAL RIDERS											
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bus operates on the route as ap	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
Signature - Chair, Board of Trustees									Date		
This Application for Registration area assigned to it by the Count	of Sc y Trar	hool Bus	s and ion C								
Signature - Chair, County Transporta	ation C	ommittee	:						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
Due Dates All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length of	Route	(miles per day)	Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity
53-301	7.8			Bus F	Route Mileage	Ü	65
Vehicle I.D. # License #				□ Distric□ Contra	t Owned lct - If so, Name of Owner 【	Contractor (
2201 7758				□ Contra	cted rate per mile		
Reimbursement Distribution- Ent		e of state/co		aid to each dis	strict. Note: Percentages		
Legal Entity Legal Entity 0965				Legal E		Legal Entit	у
% 100.00	9/	6		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarteriding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
	a NUMBER		b NUMBER		C		
Regular (include eligible Preschool/K riders)	indergarten		NOWBER		NOMBER		a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance						
Nonpublic School Riders (ineligible)	arteri rideraj						
TOTAL RIDERS							
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bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							
This Application for Registration area assigned to it by the County	of School E y Transport	Bus and tation C	d State Reimbursement		accordance with Section accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transporta	tion Commit	tee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement eve					one form for ea	ach bus route that	
Due Dates: All Routes	Ü	To C	County Suprober 1			Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Ro	ute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity	
	7.8		Bus R	toute Mileage		71	
Vehicle I.D. # License # 4205 4733				: Owned (ct - If so, Name of Owner I cted rate per mile	Contractor C First Studen		
Reimbursement Distribution- Ente		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0966	ntity	Legal E		Legal Entit	у		
% 100.00		%		%			
PASSENGER INFORMATION							
Number of Preschool/Kindergarter riding this route	n pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kin riders)	dergarten	NOWBER		NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendan agreement) (Include ineligible Preschool/Kindergar Nonpublic School Riders (ineligible)	ice						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration of	f School Bus	and State Reimbursement		accordance with Section acviewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transportation		on Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.							
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Rou	te (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity	
55-302	7.9	4	T .	oute Mileage	-	65	
Vehicle I.D. # 4094	7824	፣		Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor C First Studen		
Reimbursement Distribution- En	ter the legal ent		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal En		natch budget Legal E		Legal Entit	y	
0965	Ŭ	•		·			
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a		b NUMBER		C	
Regular (include eligible Preschool/k	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
Countrie	Franco no utotic =	Committee Annual	roquirod !	accordance with Section	20 40 422 840	· A	
This Application for Registration area assigned to it by the Count	of School Bus a ty Transportation	and State Reimbursement		accordance with Section 2 eviewed and I certify that this	bus operates		
Signature - Chair, County Transporta	ation Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Dates All Routes			County Supt	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		s Public Schools		0965 0966	
Route #	Length of Ro	ute (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity	
60-656 Vehicle I.D. #	7.9	ш		toute Mileage		65	
Vehicle I.D. # License # 4113 7819				: Owned ct - If so, Name of Owner F cted rate per mile	Contractor C First Studen		
Reimbursement Distribution- Er	nter the legal er		ge of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Legal E		match budget Legal E		Legal Entit	У	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIE (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k	Kindergarten	NOMBLIX		NOMBER		a i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc	ance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for rebus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County 1 This Application for Registration area assigned to it by the County	of School Bus	and State Reimbursemer		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbur	sement even th	·		Rate Per Mile				
	Due Dates: All Routes		To Co Octol	ounty Supt per 1		PI ber 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56		s Public Schoo			0965 0966
Route #	Len	gth of Route	(miles per day)	Type of		Route Mile Bus Mileag		Rated Capacity
56-203	7.9			Bus R	oute Mileage	Dus Milea		71
Vehicle I.D. #	/ehicle I.D. # License #				Owned		ontractor C	
4215 7832					ct - If so, Name of cted rate per mile	Owner FI	rst Studen	Cinc —
Reimbursement Distri	bution- Enter th	e legal entity	number and percentage			nt to be pai	d to each dist	rict. Note: Percentages
Legal Entity Legal Entity 0965				Legal E			Legal Entity	,
% 100.00		%		%			%	
PASSENGER INFOR	MATION							
Number of Preschool/ riding this route	Kindergarten pı	upils	ELEMENTARY RIDE (Grades PK-8)	RS		CHOOL RID ades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
					N	b IUMBER		c a + b
Regular (include eligible riders)	Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (V	VC)							
Non-WC IEP Lists Trans	as Related Servio	ce						
TOTAL ELIGIBLE RII	DERS							
Ineligible Public School R miles OR nonresident an agreement) (Include ineligible Presch	d no attendance							
Nonpublic School Riders		ilueis)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								uperintendent as are nd the State d county reimbursement for 0-126(2) MCA, signed by relation Committee in
bus operates on the ro	oute as approve		ool bus and state reimbur hin the transportation ser			unty Trans	portation Com	,
Signature - Chair, Board	of Trustees						Date	
area assigned to it by	egistration of So the County Tra	chool Bus an nsportation (ommittee Approval as red State Reimbursement becommittee.			fy that this I	ous operates	
Signature - Chair, County	ransportation C	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							ne form for e	ach bus route that
Due Date All Routes	s:	٠	To C	ounty Sup	t To	OPI tober 15		Rate Per Mile \$0.95
				D:				1
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56		s Public Sch			0965 0966
Route #	Leng	gth of Rout	e (miles per day)	Type of	Type of Service ☐ Bus Route Mil			Rated Capacity
44-650	7			Bus F	oute Mileage	,	90	14
Vehicle I.D. #		License #	!		Owned	_	ontractor (
8938		7768			ct - If so, Name cted rate per mil		rst Studer	nt Cinc
Reimbursement Distribution- Er	nter the	e legal enti		e of state/co		nent to be pai	d to each dis	strict. Note: Percentages
Legal Entity		Legal En		Legal E			Legal Entit	ty
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	rten pu	sliqu	ELEMENTARY RIDE (Grades PK-8)	ERS		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route	1011		(======================================					
			a			b		С
Regular (include eligible Preschool/	Kinderg	arten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service	e						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attent		3						
agreement) (Include ineligible Preschool/Kinderg		riders)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w								
County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from solutions of the supervision of this because of the supervision of the supervision of this because of the supervision of the supervision of this because of the supervision of the	ous and meets t ensed, d liciting o	bus route by the minimun qualified and or causing of	y the State Superintendent; to n standards as established by d approved driver to operate s thers to solicit students from c	make such r the Board of such vehicle a other transpor	eports to the State Public Education, is required by 20-1 tation areas.	Superintenden the Montana Hi 0-103, MCA.	at and County s ighway Patrol	Superintendent as are and the State
We understand that violations of this bus route.				•			ū	,
We agree that if this route crosse the school boards of both districts sl We understand route changes of	hall be a	attached to t	the county superintendent's co	opy of this do	cument.			()
accordance with 20-10-132, MCA. I certify that this application for								
bus operates on the route as ap Signature - Chair, Board of Trustees		d by and w	vithin the transportation se	rvice area a	ssigned by the (portation Co	mmittee.
- J Strain, Dealer of Trustook	-							
This Application for Registration	n of Sc	hool Bus a						
area assigned to it by the Coun Signature - Chair, County Transport	_		Committee.			<u> </u>	Date	
,								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with receives state reimbursement even though						ne form for e	ach bus route that
Due Dates:	,	-	unty Supt		OPI		Rate Per Mile
All Routes		Octobe			ctober 15		\$1.36
County Name	County	Number	District	Name			Legal Entity Number
Yellowstone	56		Billing	s Public Sch	ools		0965 0966
Route # Length	of Route (miles pe	r day)		Service B	us Route Mile		Rated Capacity
02-051 7.7			Bus R	ا ا oute Mileag	lon Bus Mileaର୍ e	ge	65
Vehicle I.D. #	/ehicle I.D. # License #				Co	ontractor (
9913 47	913 4741			ct - If so, Name cted rate per m		rst Studer	nt Clnc —
Reimbursement Distribution- Enter the le	gal entity number	and percentage o must mate			ment to be pai	d to each dis	strict. Note: Percentages
•	egal Entity	actact	Legal E			Legal Entit	ty
0965							
% 100.00	%		%			%	
PASSENGER INFORMATION	ELEM	ENTARY DIREC	0	LIIOLI	0011001 BID	EDO	TOTAL
Number of Preschool/Kindergarten pupils		ENTARY RIDER Grades PK-8)	S		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route							
		а			b		C
Regular (include eligible Preschool/Kindergarte	en	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)							
(Include ineligible Preschool/Kindergarten rider Nonpublic School Riders (ineligible)	rs)						
. , , ,							
TOTAL RIDERS							
We hereby certify that this bus will operate of County Transportation Committee. We further we agree to supervision of this bus and bus required; to provide a vehicle which meets the Superintendent; and to provide a licensed, qua we also agree to refrain from soliciting or community. We understand that violations of the laws, rothis bus route. We agree that if this route crosses district ling the school boards of both districts shall be attangled we understand route changes occurring du accordance with 20-10-132, MCA.	certify that this bus to soute by the State Siminimum standards a diffied and approved discussing others to solicules or regulations goings and transports standard to the county suring the school year regulations going the school year regulations.	ransports pupils elig superintendent; to m as established by the lriver to operate suc- it students from othe overning school tran udents from outside uperintendent's copy require the filing of a	pible for sch nake such re e Board of th vehicle a: er transport isportation v e the district y of this doo an amended	ool transportation apports to the State Public Education so required by 20-ation areas. will be sufficient of the agrument.	as defined by 2 as Superintenden the Montana Hi 10-103, MCA. ause for withhole treement between approval of the Company of the	20-10-101, MC It and County S ighway Patrol ding of state a en Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for registration bus operates on the route as approved b							
Signature - Chair, Board of Trustees		·		-		Date	
County Transpor This Application for Registration of Schoolarea assigned to it by the County Transp	ol Bus and State R	eimbursement ha					
Signature - Chair, County Transportation Com		-				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance wit receives state reimbursement even tho						ne form for e	ach bus route that
Due Dates:	5 :p-	•	ounty Supt		To OPI		Rate Per Mile
All Routes		Octob		-	October 15		\$1.57
County Name		County Number	District	Name			Legal Entity Number
Yellowstone		56	Billing	s Public S	Schools		0965 0966
	th of Route (miles per day)	Type of Service ☐ Bus Route Mi				Rated Capacity
02-252 7.7			Bus R	oute Mile	□ Non Bus Milea age	ige	71
Vehicle I.D. #	/ehicle I.D. # License #				C	ontractor (
4219	219 9340			ct - If so, Na cted rate pe	me of Owner Frmile	irst Studer	nt Clnc
Reimbursement Distribution- Enter the		of state/co		rsement to be pa	id to each di	strict. Note: Percentages	
Legal Entity 0965	Legal Entity		Legal E			Legal Enti	ty
0903							
% 100.00	%		%			%	
PASSENGER INFORMATION	T	ELEMENTARY RIDE	De	1 117	GH SCHOOL RIE)EDS	TOTAL
Number of Preschool/Kindergarten pup	oils	(Grades PK-8)	KS	П	(Grades 9-12)		ELIGIBLE RIDERS
riding this route							
		a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/Kinderga	arten	NOMBLE			NOMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service	;						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)							
(Include ineligible Preschool/Kindergarten rick Nonpublic School Riders (ineligible)	ders)						
TOTAL RIDERS							
We hereby certify that this bus will operat County Transportation Committee. We furth We agree to supervision of this bus and be required; to provide a vehicle which meets the Superintendent; and to provide a licensed, quelia we also agree to refrain from soliciting or We understand that violations of the laws this bus route. We agree that if this route crosses district the school boards of both districts shall be a we understand route changes occurring accordance with 20-10-132, MCA.	ner certify that tous route by the minimum siqualified and a rocausing othes, rules or regulat lines and trattached to the during the sch	this bus transports pupils el ne State Superintendent; to tandards as established by to pproved driver to operate surs to solicit students from ot ulations governing school transports students from outsic county superintendent's co-	igible for sch make such r the Board of ich vehicle a her transport insportation de the district py of this door an amended	nool transporta eports to the S Public Educat s required by tation areas. will be sufficie t, a copy of the cument. d TR-1 form a	ation as defined by State Superintende tion, the Montana F 20-10-103, MCA. Int cause for withhous agreement between dapproval of the	20-10-101, MC nt and County dighway Patrol olding of state a een Boards, 20- County Transp	SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for registra bus operates on the route as approved							
Signature - Chair, Board of Trustees						Date	
County Transport This Application for Registration of Scharea assigned to it by the County Trans	nool Bus and						
Signature - Chair, County Transportation Co						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					e one form for e	ach bus route that
	•					Rate Per Mile
Due Date All Routes			ounty Supt ber 1	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of R	oute (miles per day)		f Service Bus Route		Rated Capacity
43-651	8		Bus R	□ Non Bus M Route Mileage	leage	65
Vehicle I.D. #	Licens	e #	□ District	t Owned	Contractor (
1241					First Studer	nt Clnc
Reimbursement Distribution- E	nter the legal		e of state/co atch budget		paid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Enti	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		a		b	_	С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER	₹	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
County Transportation Committee.	We further certi ous and bus rou meets the mini	te by the State Superintendent; to mum standards as established by	eligible for sch make such r the Board of	nool transportation as defined reports to the State Superinter Public Education, the Montar	by 20-10-101, MC ndent and County on na Highway Patrol	A. Superintendent as are
		g others to solicit students from c or regulations governing school tr			hholding of state a	nd county reimbursement for
We agree that if this route crosse the school boards of both districts s	hall be attached	and transports students from outs to the county superintendent's co the school year require the filing o	ppy of this do	cument.		
I certify that this application for bus operates on the route as application.						
Signature - Chair, Board of Trustees		a wanin the transportation se	I VICE alea a	accignica by the County 11	Date	minuco.
-						
County This Application for Registration area assigned to it by the Coun	n of School Bu					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Date All Routes				ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.36
County Name		Соц	unty Number	District	Name		Legal Entity Number
Yellowstone		56			s Public Schools		0965 0966
Route #	Length of F	Route (miles	s per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity
52-201	8				oute Mileage		65
Vehicle I.D. # License # 1247 5070					Owned (ct - If so, Name of Owner cted rate per mile	Contractor C	Owned
Reimbursement Distribution- Enter the legal entity number and per				e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0965			must m	atch budget Legal E		Legal Entit	У
% 100.00 %				%		%	
PASSENGER INFORMATION							-
Number of Preschool/Kindergar riding this route	ten pupils	EL	LEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten		HOMBER		Nomber		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	lance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees Date							
County This Application for Registration area assigned to it by the County	of School B	us and Stat	te Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e								one form for e	
Due Dates					nty Supt		То ОРІ		Rate Per Mile
All Routes				Octobe	r 1		October 15		\$1.36
County Name			County Number		District I	Name			Legal Entity Number
Yellowstone			56		Billings	s Public s	Schools		0965 0966
Route #	Leng	th of Route	(miles per day)		Type of Service □ Bus Route Mileag □ Non Bus Mileage				Rated Capacity
52-301	8				Bus R	oute Mile		age	65
Vehicle I.D. #		License #			District			Contractor (Owned
1247 5070						ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	ter the	e legal entity					rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity				iust mate	h budget! Legal Er			Legal Enti	ty
0965									
% 100.00		%			%			%	
PASSENGER INFORMATION		70			70			70	
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY (Grades P		6	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBE	-R			b NUMBER		c a+b
Regular (include eligible Preschool/kriders)	Kinderg	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)		3							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ri	iders)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
bus operates on the route as ap Signature - Chair, Board of Trustees		u by and with	ıııı trie transportati	ion servi	ce area as	ssigned by	ine County Tran	Date Date	mmittee.
County T This Application for Registration area assigned to it by the Count	of Scl	hool Bus and							
Signature - Chair, County Transporta								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

. 555, 55...5.

This form is required in accordance with receives state reimbursement even thou					e form for ea	ach bus route that
Due Dates:			nty Supt	To OPI		Rate Per Mile
All Routes		October	!	October 15		\$1.36
County Name	Co	unty Number	District Name			Legal Entity Number
Yellowstone	56	3	Billings Public	c Schools		0965 0966
Route # Length	n of Route (mile	es per day)	Type of Service	☐ Bus Route Milea☐ Non Bus Milea		Rated Capacity
33-601 8			Bus Route Mi	•	е	65
Vehicle I.D. #	icense #				ntractor C	
9912	1608			Name of Owner Fil per mile	st Studen	t Cinc
Reimbursement Distribution- Enter the I	legal entity nun	ber and percentage of must match		bursement to be paid	d to each dis	trict. Note: Percentages
•	Legal Entity	must mater	Legal Entity		Legal Entity	у
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION		LEMENTA DV DIDEDO		LIICH CCHOOL DID	-DC	TOTAL
Number of Preschool/Kindergarten pupiriding this route		LEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDI (Grades 9-12)	=K5	TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/Kindergar riders)	rten	HOMBER		HOMBER		
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)						
(Include ineligible Preschool/Kindergarten riden Nonpublic School Riders (ineligible)	ers)					
TOTAL RIDERS						
We hereby certify that this bus will operate County Transportation Committee. We furthe We agree to supervision of this bus and bi required; to provide a vehicle which meets the Superintendent; and to provide a licensed, que we also agree to refrain from soliciting or We understand that violations of the laws, this bus route. We agree that if this route crosses district the school boards of both districts shall be att We understand route changes occurring daccordance with 20-10-132, MCA.	er certify that this us route by the S e minimum stand ualified and approcausing others to rules or regulation lines and transpotached to the couluring the school	bus transports pupils eligible tate Superintendent; to ma ards as established by the ved driver to operate such solicit students from other ons governing school transports students from outside the total superintendent's copy of year require the filing of an	ole for school transpike such reports to the Board of Public Eduvehicle as required transportation area portation will be sufficiently the district, a copy of this document, amended TR-1 form	ortation as defined by 20 he State Superintendent ucation, the Montana Highly 20-10-103, MCA. Is. Significant cause for withhold fithe agreement betweem and approval of the Compared to the State Sta	0-10-101, MC/ and County S ghway Patrol a ling of state ar n Boards, 20- ounty Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for registrat bus operates on the route as approved						
Signature - Chair, Board of Trustees					Date	
County Transport This Application for Registration of Scholarea assigned to it by the County Trans		ittee Approval as requate Reimbursement has				
	portation Com		boon forfoliou u	and rooting that the b	opo	within the transportation



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Length of	Route ((miles per day)	Type o	f Service □ Bus Route M □ Non Bus Mile	•	Rated Capacity	
52-650	8.2			Bus F	Route Mileage		65	
Vehicle I.D. #	Lice	nse #		□ District	t Owned ct - If so, Name of Owner	Contractor (
9018	775	51			cted rate per mile	riist Studei		
Reimbursement Distribution- Ent	ter the lega	al entity		e of state/co		aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Leg	al Entity		Legal E		Legal Entit	у	
% 100.00	Q	%		%		%		
PASSENGER INFORMATION	ELEMENTARY RIDE	:De	HIGH SCHOOL R	IDEDO	TOTAL			
Number of Preschool/Kindergarteriding this route	en pupils		(Grades PK-8)	-NO	(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	indergarten		NOMBER		NOWBER		аты	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ance)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration	of School	Bus and	State Reimbursement		accordance with Section eviewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transporta			ommittee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that	
Due Dates All Routes	•	·	To C	ounty Supt ber 1			Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length of	f Route ((miles per day)	Type of	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity	
55-202	8.3			Bus R	Route Mileage	Ŭ	65	
Vehicle I.D. # 4094	782	ense # 24			ct - If so, Name of Owner	Contractor (First Studer		
Reimbursement Distribution- Ent			number and percentage		cted rate per mile	aid to each dis	strict Note: Percentages	
Legal Entity		gal Entity	must m	atch budget Legal E	!!	Legal Enti		
0965	Leg	jai Ennity		Legal E	nuty	Legal Elli	Ly	
% 100.00	%		%		%			
PASSENGER INFORMATION		E. E. IE. II. D. (D. D.						
Number of Preschool/Kindergart	en pupils		ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten			NOWBER		NOWBER		аты	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderga	arten riders))						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
					accordance with Section			
This Application for Registration area assigned to it by the County	y Transpor	rtation C		nas Deen fe	eviewed and i certily that this		within the transportation	
Signature - Chair, County Transporta	ition Commi	ittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordate receives state reimbursement e					one form for e	each bus route that	
						Rate Per Mile	
Due Date All Routes		To Co Octol	ounty Supt per 1	t To OPI October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Rout	te (miles per day)		f Service Bus Route N		Rated Capacity	
50-602	8.3		Bus R	□ Non Bus Mil Route Mileage	eage	65	
Vehicle I.D. #	License #	‡	□ District		Contractor	Owned	
9911	4607			ct - If so, Name of Owner cted rate per mile	First Stude	nt Clnc	
Reimbursement Distribution- En	nter the legal ent				paid to each di	strict. Note: Percentages	
Legal Entity 0965	Legal En		Legal E		Legal Enti	ity	
0/ 100.00	0/		0/		0/		
% 100.00 PASSENGER INFORMATION	%		%		%		
		ELEMENTARY RIDE	RS	HIGH SCHOOL F		TOTAL	
Number of Preschool/Kindergal riding this route	rten pupils	(Grades PK-8)		(Grades 9-1	2)	ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/riders)	Kindergarten				·	3. 2	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)							
, ,							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursemen this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for bus operates on the route as an							
Signature - Chair, Board of Trustees				<u> </u>	Date		
County This Application for Registration area assigned to it by the Coun	n of School Bus a						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Page Entity Legal Entity Description Legal Entity Description Lega	This form is required in accorda						one form for e	ach bus route that
County Name County Number District Name Legal Entity Number District Name Legal Entity Number Se6 Billings Public Schools O965 0966		-						Rate Per Mile
Vellowstone S6 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Rated Capacity Type of Service Bus Route Mileage Type of Service Route Mileage Type of Service Route Mileage Type of Service Bus Route Mileage Type of Service Route Mileage Type of Service Route Mileage Type of Service Type of Service Route Mileage Type of Service Type of Service Route Mileage Type of Service Typ					t			\$1.57
Route # Length of Route (miles per day) 47-601 8.3 Bus Route Mileage II Non Ibas Mileage Sus Route Mileage II Non Ibas Mileage To Contract - If so, Name of Owner Contractor Owned Contract - If so, Name of Owner Contractor Owned Contract - If so, Name of Owner Contractor Owned Contract - If so, Name of Owner Contractor Owned Contract - If so, Name of Owner Contractor Owned Contractor - If so, Name of Owner Contractor Owned Contract - If so, Name of Owner Contractor Owned Contract - If so, Name of Owner Contractor Owned Contractor - If so, Name of Owner Contractor Owned Contractor - If so, Name of Owner Contracto	County Name		County Number	District	Name			Legal Entity Number
Route # Length of Route (miles per day) 47-601 8.3 Bus Route Mileage Final Mi	Yellowstone		56	Billing	s Public S	Schools		0965 0966
A7-601 B.3 Bus Route Mileage 71		Length of Ro	oute (miles per day)		Service	☐ Bus Route Mil		
Vehicle ID. #	47-601	8.3		Bus R			age	71
Reimbursement Distribution-Einter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	License		□ District	Owned	C	Contractor (Owned
Legal Entity 0965 % 100.00 % 9% % 100.00 % 9% % 9% % 9% PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER NUMBER A + b Regular (include eligible Preschool/Kindergarten Int Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Regular (include eligible Preschool/Kindergarten Int Wheelchairs (WC) Additional Wheelchairs (WC) TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) Regeneration of the bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus ramports pupils eligible for school transportation as defined by 20-10-10, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent area are required; to provide a subclew with meets the minimum standards as established by the Board of Public Education, the Montane Hap Parto and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such which ease required by 20-10-10, MCA. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We understand that violations of the laws,	4130	7787						
Legal Entity 0965 Legal Entity 0965 % 100.00 % 9% % 100.00 % 9% % 100.00 Mumber of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten riders) Ist Wheelchair (WC) 2nd Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS TOTAL ELIGIBLE RIDERS TOTAL ELIGIBLE RIDERS Total Wheelchair (WC) 2nd Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation are defined by 22-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent to make such reports to the State Superintendent as are required, to provide a vehicle which means the minimum standards as established by the Board of Public Ectication, the Montany Superintendent as are required, to provide a vehicle which means the minimum standards as established by the Board of Public Ectication, the Montany Superintendent as are required, to provide a vehicle which means the minimum standards as established by the Board of Public Ectication, the Montany Superintendent as are required, to provide a vehicle which means the minimum standards are assigned on the supervises of the laws, rules or regulations ogeroming school transportation with se sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside t	Reimbursement Distribution- Er	iter the legal e				rsement to be pa	aid to each di	strict. Note: Percentages
## 100.00		Legal E					Legal Enti	ty
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades 9-12) (ELIGIBLE RIDERS PK-8) (Grades PK-8) (Grade	0965							
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) Regular (include eligible Preschool/Kindergarten new public (Grades PK-8) (Grades 9-12) Regular (include eligible Preschool/Kindergarten new public (Grades PK-8) (Grades 9-12) Regular (include eligible Preschool/Kindergarten new public (Grades PK-8) (Grades 9-12) Regular (include eligible Preschool/Kindergarten new public (Grades PK-8) (Grades 9-12) Regular (include eligible Preschool/Kindergarten new public (Grades 9-12) Regular (include include) Regular (include eligible Preschool/Kindergarten new public (Grades 9-12) Regular (include include) Regular (include) Reg	% 100.00	%		%			%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS and Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS and Number of Preschool/Kindergarten pupils (Grades PK-8) Number of Preschool/Kindergarten p	PASSENGER INFORMATION				1			T0.T41
NUMBER NUMBER NUMBER A + b Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten iders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten iders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, thoutana Highway Patrol and the State Superintendent, and to provide a locanes, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We agree to prefrain from solicing or causing others to solicit sudents from other transportation area. We also supere that if this route crosses district lines and transports suddents from other transportation area. We also supere that if this route crosses district lines and transports suddents from suddent development of the substance of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reinbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(MCA, signed by the school boards of both districts shall be attached to the ounty super		ten pupils		RS	HIC			
Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Kompublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school Iransportation area for supervision of this bus and bus route by the State Superintendent rit or make such reports to the Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent are surgeries such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of								
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	This Application for Registration	of School Bus	s and State Reimbursement ha					
							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							omplete one for	m for ea	ch bus route that
Due Dates All Routes	s:		•	•	ounty Supt				Rate Per Mile s1.57
County Name			County Numb	oer	District	Name			Legal Entity Number
Yellowstone			56		Billings Public Schools				0965 0966
Route #	Leng	gth of Ro	oute (miles per day)		Type of		Route Mileage Bus Mileage		Rated Capacity
02-202	8				Bus R	oute Mileage			71
Vehicle I.D. # 4219		License 9340	e #			Owned ct - If so, Name of cted rate per mile _	Contra Owner First S		
Reimbursement Distribution- En	ntity number and pe		of state/co	unty reimbursemer	nt to be paid to e	ach dist	rict. Note: Percentages		
Legal Entity 0965	Entity	must ma	Legal E		Leg	al Entity	,		
% 100.00			%		c.	%			
PASSENGER INFORMATION	E. E. E. E.	D) / D) D			1001 010500		T0T11		
Number of Preschool/Kindergar riding this route	ıpils	ELEMENTA (Grade	RY RIDE s PK-8)	RS		HOOL RIDERS des 9-12)		TOTAL ELIGIBLE RIDERS	
			a /IBER		b NUMBER			с а + b	
Regular (include eligible Preschool/Kindergarten riders)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.DEIX			SWIDER		u · b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Servic	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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County 1 This Application for Registration area assigned to it by the Count	of Sc	hool Bus							
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though trar	nsportees of another legal e	ntity may ut	ilize the services	· 3.		Data Dan Mila	
Due Dates All Routes			ounty Supt		OPI tober 15		Rate Per Mile \$1.36	
County Name		County Number	District	Name			Legal Entity Number	
Yellowstone		56		s Public Scho			0965 0966	
Route #	Length of Ro	ute (miles per day)	Type of		us Route Mile on Bus Milea		Rated Capacity	
33-652	6.3		Bus R	oute Mileage		ige	65	
Vehicle I.D. #	License	#	□ District	Owned	С	ontractor C		
9018	7751			ct - If so, Name o		irst Studen	t Clnc	
Reimbursement Distribution- En	ter the legal er				nent to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Legal E		atch budget Legal E			Legal Entity	/	
0965								
% 100.00	%		%			%		
PASSENGER INFORMATION						,,,		
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS		SCHOOL RIE Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/riders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County	Transnortation	Committee Approval as ı	onuired in	accordance wit	h Section 2	0-10-132 MC	Δ	
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement						
Signature - Chair, County Transporta	, ,					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even							ne form for e	ach bus route that
Due Dates:		·	To Cou	nty Supt		То ОРІ		Rate Per Mile
All Routes			Octobe	r 1		October 15		\$1.57
County Name		County Number		District	Name			Legal Entity Number
Yellowstone		56			s Public S	chools		0965 0966
Route #	Length of R	oute (miles per day)		Type of		Bus Route Mile Non Bus Mileag	-	Rated Capacity
	6.3			Bus R	oute Milea	•	je	71
Vehicle I.D. #	Licens	e #		District			ontractor (
2305	4349				ct - If so, Nar cted rate per	me of Owner Fi mile	rst Studer	it Cinc —
Reimbursement Distribution- Enter	er the legal			f state/co h budget		sement to be pai	d to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	idot mato	Legal E			Legal Entit	ty
0965								
% 100.00	%			%			%	
PASSENGER INFORMATION		ELEMENTARY	/ DIDEDS	2	ШС	H SCHOOL RID	EDQ	TOTAL
Number of Preschool/Kindergarte riding this route	en pupils	(Grades P		5	пів	(Grades 9-12)	EKO	ELIGIBLE RIDERS
		a NUMBE	:D			b NUMBER		c a+b
Regular (include eligible Preschool/Ki riders)	indergarten	NOWIDE	_11			NOMBER		a + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)								
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
We harehy certify that this has will	anarata antire	ally on the route catablishes	d by the De	oard of Tru	estage and with	in the transportation	n oron onoign	and approved by the
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which m Superintendent; and to provide a licer We also agree to refrain from solic We understand that violations of the this bus route. We agree that if this route crosses the school boards of both districts shad we understand route changes occacordance with 20-10-132, MCA.	Ve further certiss and bus rou neets the mininsed, qualified itting or causir ne laws, rules district lines a all be attached curring during	ry that this bus transports per by the State Superintend mum standards as establis and approved driver to oping others to solicit students or regulations governing so and transports students from the county superintending the school year require the	pupils eligi dent; to ma shed by the perate such from othe chool trans m outside ent's copy filling of al	ible for sch ake such ro e Board of n vehicle a er transport sportation v the district of this doo n amended	ool transportate ports to the S Public Education areas. will be sufficier a copy of the sument.	tion as defined by 2 tate Superintenden on, the Montana Hi 20-10-103, MCA. In cause for withhole agreement between dapproval of the Co	20-10-101, MC It and County sighway Patrol ding of state a en Boards, 20-	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for rebus operates on the route as app								
Signature - Chair, Board of Trustees							Date	
County Tr This Application for Registration of area assigned to it by the County	of School Bu							
Signature - Chair, County Transportat							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Dates: To County Supt To OP! St.1.57	This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that	
Yellowstone	Due Dates	-	•	To C	ounty Sup	t To OPI			
Route # Length of Route (miles per day) 21-612 6.4 Bus Route Mileage Non Bus M	County Name			County Number	District	Name		Legal Entity Number	
21-612									
21-612 6.4 Bus Route Mileage 71 Vehicle I.D.# I License # District Owned Contractor	Route #	Length of	Route	(miles per day)	Type of		-	Rated Capacity	
A205 4733 Contract - If so, Name of Owner First Student Cinc Contracted rate per mile Contracted					Bus R	Route Mileage	Ü		
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must market houdget! Legal Entity 0965 Legal Entity 0965 Legal Entity 0965 Repulse (Entity 0965 Legal Entity 0965 Repulse (Individual Section of Preschool/Kindergarten pupils (Grades PK-8) Repulse (Individual eligible Preschool/Kindergarten pupils (Grades PK-8) Repulse (Individual Preschool/Kindergarten pupils (Grades PK-8) Repulse (Ind					□ Contra	ct - If so, Name of Owner			
Legal Entity 0865 % 100.00 % % % % 100.00 % % % % 100.00 % % % % 100.00 % % % % 100.00 % % % % 100.00 % % % % % 100.00 % % % % % 100.00 % % % % Number of Preschool/Kindergarten pupils riding this route Regular (include eligible Preschool/Kindergarten pupils of the state of th	Reimbursement Distribution- Ent	ter the lega	al entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
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Total Times, Tim	This Application for Registration area assigned to it by the County	of School y Transpor	Bus and tation C	d State Reimbursement					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tr	ansportees of anoth	ner legal entit	y may uti	lize the servi	ces.	ı	Rate Per Mile
Due Date All Routes			To Cour October	nty Supt r 1		To OPI October 15		\$1.57
County Name		County Num	ber	District I	Name			Legal Entity Number
Yellowstone		56		Dilling	e Dublie Se	choole		0965 0966
Route #	Length of R	oute (miles per day)		Service	Bus Route Mile		Rated Capacity
64 650	6		,			Non Bus Milea		74
61-650 Vehicle I.D. #	6 Licens	se #			oute Milea	•	 ontractor C	71
4212	4737			Contrac		ne of Owner F		
Reimbursement Distribution- Er	nter the legal	entity number and p				sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	must matcl	h budget! Legal Er			Legal Entity	/
0965		•			•			
% 100.00 PASSENGER INFORMATION	%			%			%	
Number of Preschool/Kindergar riding this route	ten pupils		ARY RIDERS es PK-8)	6	HIG	H SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
			a MBER			b NUMBER		c a + b
Regular (include eligible Preschool/l	Kindergarten	NOP	VIDER			NUMBER		a+0
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.	We further certi- us and bus rou meets the mini- ensed, qualified iciting or causir the laws, rules as district lines a nall be attached	ify that this bus transporte by the State Supering mum standards as estall and approved driver the gothers to solicit studior regulations governing and transports students to the county superint	orts pupils eligit ntendent; to ma ablished by the o operate such ents from other ng school trans is from outside tendent's copy	ble for scheake such real Board of I be reported as a real portation with the district of this doc	ool transportati eports to the St Public Educatic s required by 2 ation areas. will be sufficient , a copy of the cument.	ion as defined by 2 ate Superintender on, the Montana H 0-10-103, MCA. t cause for withhol agreement between	20-10-101, MCA nt and County S ighway Patrol a Iding of state an en Boards, 20-1	A. superintendent as are and the State and county reimbursement for 0-126(2) MCA, signed by
I certify that this application for bus operates on the route as application								
Signature - Chair, Board of Trustees					<u> </u>		Date	
County -	[ransportation	on Committee App	roval as reg	uired in a	accordance	with Section 20	0-10-132. MC	A .
This Application for Registration area assigned to it by the Coun	of School Bu	us and State Reimbi						
Signature - Chair, County Transport	ation Committe	e					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e								
Due Date All Routes				County Suprober 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length	of Route ((miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity	
02-301	6			Bus R	toute Mileage	J.	71	
Vehicle I.D. #		icense # '68A			: Owned C ct - If so, Name of Owner cted rate per mile	Contractor C	Owned	
Reimbursement Distribution- Er	nter the l	egal entity	number and percentage			aid to each dis	trict. Note: Percentages	
Legal Entity		_egal Entity		atch budget Legal E		Legal Entit	v	
0965								
% 100.00		%		%		%		
PASSENGER INFORMATION	-	70				70		
Number of Preschool/Kindergar riding this route	rten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	Kindergar	ten	NOMBER		NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	dance	ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap	-				•	,	9	
Signature - Chair, Board of Trustees		Sy aria Will	are transportation se	,, vioc aica a	ioo.g.ioo by the County Train	Date		
County This Application for Registration area assigned to it by the Coun	of Scho	ool Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transport						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement er										
Due Dates All Routes			o County Sup october 1	To OPI October 15		Rate Per Mile \$1.36				
County Name		County Number	District	Name		Legal Entity Number				
Yellowstone		56		s Public Schools		0965 0966				
Route #	Length of Ro	oute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity				
63-653	5.7	"	<u> </u>	toute Mileage		65				
Vehicle I.D. # 9018	÷ #		: Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor C First Studen						
Reimbursement Distribution- En	iter the legal e		age of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages				
Legal Entity 0965	Legal E		t match budger Legal E		Legal Entit	у				
% 100.00	%		%		%					
PASSENGER INFORMATION	,,									
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS				
		a NUMBER		b NUMBER		C				
Regular (include eligible Preschool/k	Kindergarten	NUMBER		NOMBER		a + b				
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance									
TOTAL RIDERS										
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	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees					Date					
County T This Application for Registration area assigned to it by the Count	of School Bus	s and State Reimburseme		accordance with Section 2 eviewed and I certify that this						
Signature - Chair, County Transporta					Date					



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e								one form for e	ach bus route that
Due Date	s:	J	·	To C	ounty Sup	t	То ОРІ		Rate Per Mile
All Routes	6			Octo	ber 1		October 15		\$1.57
County Name				County Number	District	Name			Legal Entity Number
Yellowstone				56	Billings Public Schools				0965 0966
Route #	Len	gth of R	oute	(miles per day)	Type of Service ☐ Bus Route M☐ Non Bus Mile				Rated Capacity
58-201	5		- 44			Route Mile	eage	ŭ .	71
Vehicle I.D. #		Licens	e #			t Owned act - If so. N) lame of Owner F	Contractor (First Studer	
4207		7778			□ Contra	cted rate p	er mile		
Reimbursement Distribution- En	nter th	e legal e	entity		of state/coatch budge		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0965		Legal	Entity	/	Legal E	ntity		Legal Enti	ty
% 100.00		%			%			%	
PASSENGER INFORMATION				ELEMENTARY RIDE	RS	Н	IGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergal riding this route	rten p	upils		(Grades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS
				a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/ riders)	Kinder	garten		-			-		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	l Servi	ce							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)		3							
(Include ineligible Preschool/Kinder, Nonpublic School Riders (ineligible)		riders)							
TOTAL RIDERS									
						<u> </u>			
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts so We understand route changes of accordance with 20-10-132, MCA.	We fur bus and meets ensed liciting the law es distr hall be ccurrin	rther certing the certing the mining qualified or causing ws, rules or cattached g during t	fy that the by the mum some and a g other for region and tra- to the he sch	this bus transports pupils ethe State Superintendent; to trandards as established by approved driver to operate sers to solicit students from outsite county superintendent's concol year require the filing of	ligible for sol make such in the Board of uch vehicle a ther transport ansportation de the distric- topy of this do f an amende	nool transpor reports to the Public Educ is required by tation areas. will be suffici t, a copy of to cument. d TR-1 form	tation as defined by State Superintende ation, the Montana by 20-10-103, MCA. ient cause for withhehe agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	CA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for bus operates on the route as application for the section of									
Signature - Chair, Board of Trustees								Date	
This Application for Registration	of S	chool Bu	s and						
area assigned to it by the Coun Signature - Chair, County Transport	_	_		ommillee.				Date	_
								1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though tr	ansportees of anothe	er legal entity may u	tilize the services	8.		on pao roato mat	
Due Dates			To County Sup		OPI		Rate Per Mile	
All Routes			October 1	Oct	tober 15	\$	61.57	
County Name		County Numb	er District	Name			Legal Entity Number	
Yellowstone		56	Billing	gs Public Scho	ools		0965 0966	
Route #	Length of F	Route (miles per day)		f Service □ Bu	us Route Milea		Rated Capacity	
1-302 5			Bus F	□ No Route Mileage	on Bus Mileag e		71	
Vehicle I.D. # License #			□ Distric	t Owned	Co	ntractor O		
4210 7752				act - If so, Name of acted rate per mile		rst Student	Clnc —	
Reimbursement Distribution- Er	nter the legal	entity number and pe	rcentage of state/co		nent to be paid	d to each dist	rict. Note: Percentages	
Legal Entity	Legal	Entity	Legal E			Legal Entity	,	
0965								
% 100.00	%		%			%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTAI (Grades			SCHOOL RIDI Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS	
riding this route								
		a NUM			b NUMBER		c a + b	
Regular (include eligible Preschool/k riders)	Kindergarten	NOW	DER		NOWBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	jarton nacio,							
TOTAL RIDERS								
Ma haraby partify that this by a wi	ill anarata antir	alv an the route establish	had by the Doord of Tr	untage and within th	a a transportation	- oron onoigno	d and approved by the	
We hereby certify that this bus wi County Transportation Committee. \ We agree to supervision of this b required; to provide a vehicle which	We further cert us and bus rou meets the mini	ify that this bus transport te by the State Superint mum standards as estat	ts pupils eligible for so endent; to make such blished by the Board of	hool transportation reports to the State Public Education, t	as defined by 20 Superintendent the Montana Hig	0-10-101, MCA and County S	uperintendent as are	
Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	iciting or causin	ng others to solicit stude	nts from other transpor	rtation areas.		ling of state an	d county reimbursement for	
this bus route. We agree that if this route crosse					eement betwee	n Boards, 20-1	0-126(2) MCA, signed by	
the school boards of both districts sh We understand route changes of					pproval of the C	ounty Transpoi	tation Committee in	
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								
County 1 This Application for Registration area assigned to it by the County	of School B							
Signature - Chair, County Transport						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea		
Due Dates All Routes			To Co Octob	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Nur	mber	District	Name		Legal Entity Number	
Yellowstone		56			s Public Schools		0965 0966	
Route #	Length of R	oute (miles per da	y)	Type of	Service Bus Route M Non Bus Mile	•	Rated Capacity	
66-301 5.1					oute Mileage	_	71	
Vehicle I.D. # License # 4211 7755					Owned ct - If so, Name of Owner cted rate per mile	Contractor (First Studer		
Reimbursement Distribution- Er	nter the legal	entity number and		of state/co	unty reimbursement to be	paid to each dis	strict. Note: Percentages	
Legal Entity 0965	Legal	Entity	must ma	Legal E		Legal Entit	у	
% 100.00	%			%		%		
PASSENGER INFORMATION	70						_	
Number of Preschool/Kindergar riding this route	ten pupils		TARY RIDEI des PK-8)	RS	HIGH SCHOOL R (Grades 9-1		TOTAL ELIGIBLE RIDERS	
		NII	a JMBER		b NUMBER		C	
Regular (include eligible Preschool/k	 Kindergarten	INC	DIVIDER		NOMBER		a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderc Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees	,					Date		
County 1 This Application for Registration area assigned to it by the County	of School Bu	is and State Reiml			accordance with Section viewed and I certify that the			
Signature - Chair, County Transport						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								one form for e	ach bus route that
Due Date:		- ag., a.a.		•	inty Supt		To OPI		Rate Per Mile
All Routes				Octobe		•	October 15		\$0.95
County Name			County Number	r	District	Name			Legal Entity Number
Yellowstone			56		Billings Public Schools				0965 0966
Route #	Leng	th of Rou	ute (miles per day)		Type of Service ☐ Bus Route Mi				Rated Capacity
70-653	-653 5.4				Bus R	oute Mile	□ Non Bus Milea eage	age	25
Vehicle I.D. # License #				District	Owned	C	Contractor (
1829		7765				ct - If so, Na cted rate pe	ame of Owner Fer mile	irst Studer	nt Clnc
Reimbursement Distribution- Er	nter the	e legal en		centage o			ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal E		mast mate	Legal E			Legal Enti	ty
0966									
% 100.00		%			%			%	
PASSENGER INFORMATION		70			70			,0	
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTAR (Grades		S	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
3			а				Ь		c
Regular (include eligible Preschool/l	Kinderga	arten	NUMB	EK			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									-
Non-WC IEP Lists Trans as Related	Service	Э							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3							
agreement) (Include ineligible Preschool/Kinderc		iders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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bus operates on the route as ap Signature - Chair, Board of Trustees		d by and	within the transporta	ation servi	ce area a	ssigned by	the County Trans	sportation Co Date	mmittee.
County This Application for Registration			Committee Approvand State Reimburs						
area assigned to it by the Count Signature - Chair, County Transport	-	•	n Committee.					Date	-
- graduity manapolit								25.5	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					mplete one form for	each bus route that
	· ·		, ,			Rate Per Mile
Due Date All Routes		To Co Octo	ounty Supt ber 1	t To OP l Octobe		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public School	S	0965 0966
Route #	Length of Rou	te (miles per day)		Service Bus F	Route Mileage	Rated Capacity
02-650	5.4		Bus R	□ Non E Route Mileage	Bus Mileage	71
Vehicle I.D. #	ŧ	□ District	: Owned	Contractor		
4201	E429			ct - If so, Name of C cted rate per mile _	owner First Stude	nt Clnc
Reimbursement Distribution- Er	iter the legal ent		of state/co		t to be paid to each d	istrict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Ent	ity
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		IOOL RIDERS des 9-12)	TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a			b	С.
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NU	MBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	garteri riders)					
TOTAL RIDERS						
We hereby certify that this bus w	Il operate entirely	on the route established by the	Poard of Tru	etoes and within the tr	aneportation area assign	and and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certify t us and bus route t meets the minimur ensed, qualified an	hat this bus transports pupils e by the State Superintendent; to m standards as established by d approved driver to operate s	ligible for sch make such r the Board of uch vehicle a	nool transportation as deports to the State Sup Public Education, the I s required by 20-10-10	lefined by 20-10-101, Mo perintendent and County Montana Highway Patro	CA. Superintendent as are
We also agree to refrain from sol We understand that violations of this bus route.					for withholding of state	and county reimbursement for
We agree that if this route crosse the school boards of both districts sl We understand route changes or	nall be attached to	the county superintendent's co	py of this do	cument.		
I certify that this application for i						
bus operates on the route as ap Signature - Chair, Board of Trustees		viulin the transportation sei	vice area a	issigned by the Cou	Date	ommittee.
County This Application for Registration area assigned to it by the County	of School Bus a					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						ete one form for e	ach bus route that	
Due Date All Routes				County Sup	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Length	of Route ((miles per day)	Type o	f Service □ Bus Route □ Non Bus N		Rated Capacity	
03-202				Bus F	Route Mileage	illeage	65	
Vehicle I.D. # License #				□ Distric		Contractor (
3414 4748					act - If so, Name of Owne acted rate per mile	r First Studer	it Cinc	
Reimbursement Distribution- Enter the legal enti				e of state/co		e paid to each di	strict. Note: Percentages	
Legal Entity 0965				Legal E		Legal Enti	ty	
% 100.00		%		%		%		
PASSENGER INFORMATION							_	
Number of Preschool/Kindergar riding this route	ten pupils	s	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS	
			a		, b		C .	
Regular (include eligible Preschool/h	Kindergarte	en	NUMBER		NUMBE	:K	a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		rs)						
TOTAL RIDERS								
TOTAL RIBERO								
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	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees		-	•		· , , , ,	Date		
County This Application for Registration area assigned to it by the County	of School	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that			
Signature - Chair, County Transport			G			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though trans	portees of another legal e	ntity may ut	ilize the services.		Rate Per Mile	
Due Dates All Routes			ounty Supt ber 1	To OPI October 15		\$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billings Public Schools			0965 0966	
Route #	Length of Route (miles per day)			Service Bus Route M	•	Rated Capacity	
51-613	6.8			□ Non Bus Mile coute Mileage	age	71	
Vehicle I.D. #	License #			· ·	Contractor C	wned	
4208	7777			ct - If so, Name of Owner cted rate per mile	First Studen	t Clnc —	
Reimbursement Distribution- Er	ter the legal enti				aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Legal En		atch budget Legal E		Legal Entity		
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTA DV DIDE	·DO	LIIOU OOLIOOL D	IDEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	:K5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/kriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance						
Nonpublic School Riders (ineligible)	arten nuers)						
TOTAL RIDERS							
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We further certify the sand bus route be meets the minimum ensed, qualified andiciting or causing of the laws, rules or rules of district lines and hall be attached to be curring during the	at this bus transports pupils ey the State Superintendent; ton standards as established by approved driver to operate shers to solicit students from oegulations governing school transports students from outsine county superintendent's coschool year require the filing of	eligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric topy of this door of an amende	tool transportation as defined by eports to the State Superintend Public Education, the Montana s required by 20-10-103, MCA lation areas. will be sufficient cause for withhat, a copy of the agreement betwoursent. d TR-1 form and approval of the	y 20-10-101, MCA ent and County S Highway Patrol a holding of state an een Boards, 20-1	A. Superintendent as are und the State and county reimbursement for 10-126(2) MCA, signed by relation Committee in	
I certify that this application for rouse operates on the route as ap	proved by and w				sportation Con		
Signature - Chair, Board of Trustees					Date		
County 1 This Application for Registration area assigned to it by the County	of School Bus a	nd State Reimbursement		accordance with Section eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ance with Title 20, 0	Chapter 10, Part 1, MCA	. School dis	strict official must comple	ete one form for e	ach bus route that
receives state reimbursement e	,	ŭ	, ,			Rate Per Mile
Due Date All Routes			county Supt ober 1	To OPI October 15	i	\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56		s Public Schools		0965 0966
Route #	3			Service Bus Route Non Bus I	•	Rated Capacity
41-650 6.6			Bus R	oute Mileage	-	25
Vehicle I.D. # License #			□ District	Owned ct - If so, Name of Owne	Contractor (
1829	7765			ct - if so, Name of Owne cted rate per mile	r Filst Studel	
Reimbursement Distribution- Er	nter the legal entity		e of state/co		e paid to each dis	strict. Note: Percentages
Legal Entity	Legal Entit		Legal E		Legal Entit	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION					DIDEDO	
Number of Preschool/Kindergar riding this route	rten pupils	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOOI (Grades 9		TOTAL ELIGIBLE RIDERS
		a		b		c .
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	:K	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	dance					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sof we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts sleed we understand route changes on accordance with 20-10-132, MCA.	We further certify that bus and bus route by meets the minimum sensed, qualified and aliciting or causing other the laws, rules or regress district lines and trainall be attached to the	t this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate sers to solicit students from of pulations governing school to ansports students from outs e county superintendent's or	eligible for schoon make such rong the Board of such vehicle a bother transportation ransportation dide the distriction of this document.	tool transportation as define eports to the State Superint Public Education, the Mont is required by 20-10-103, M tation areas. Will be sufficient cause for with a copy of the agreement between the comment.	d by 20-10-101, MC endent and County s ana Highway Patrol CA. withholding of state a petween Boards, 20-	A. Superintendent as are and the State nd county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	Date	
County This Application for Registration area assigned to it by the Coun	n of School Bus an					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.							
Due Dates All Routes			To Count October 1		To OPI October 15		Rate Per Mile \$1.57
County Name		County Number		District Name			Legal Entity Number
Yellowstone		56	Billings Public Schools				0965 0966
Route #	Length of R	oute (miles per day)	Τ	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity
02-601 6.1					oute Mileage		71
Vehicle I.D. # License # 2304 4348				Contra	Owned C ct - If so, Name of Owner F cted rate per mile	Contractor C First Studen	
Reimbursement Distribution- En	iter the legal e	entity number and percer				aid to each dis	trict. Note: Percentages
Legal Entity	Legal	mu:	ist match I		!	Legal Entit	
0965					,		,
% 100.00	%			%		%	
PASSENGER INFORMATION		E. EMENTA B. / .				DED0	T074
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY F (Grades PK			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		а	<u> </u>		р		C
Regular (include eligible Preschool/k	Kindergarten	NUMBER	Χ		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
TOTAL RIBERO							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees		·				Date	
County T This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimbursem			accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for ea	ach bus route that		
Due Dates: All Routes	·		ounty Supt	To OPI October 15		Rate Per Mile \$0.95		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route # Le	ength of Rout	e (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity		
31-603 7			Bus R	oute Mileage		17		
Vehicle I.D. #	Vehicle I.D. # License # 7648 3684			ct - If so, Name of Owner	Contractor C First Studen			
Reimbursement Distribution- Enter t			e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity	Legal En		atch budget Legal E		Legal Entit	у		
0965								
% 100.00	%		%		%			
PASSENGER INFORMATION	7,0					_		
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kinde riders)	ergarten	NUMBER		NOWBER		a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Serv	vice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarter Nonpublic School Riders (ineligible)	•							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration of S	School Bus a	and State Reimbursement		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County Tr Signature - Chair, County Transportation		Committee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordance	e with Title	20.0	Chapter 10, Part 1, MCA	School	district (official must	complete c	ne form for e	ach bus route that
				ortees of another legal e				oompioto c		Rate Per Mile
	Due Dates: All Routes				ounty Subber 1	ıpt	To O	PI ber 15		\$1.36
County Name				County Number	Distri	ct Name	e			Legal Entity Number
Yellowstone				56	Billir	nas Pu	ıblic Scho	ole		0965 0966
Route #	L	ength of R	Route ((miles per day)		of Serv	ice Bus	Route Mile	•	Rated Capacity
60-655	7	7			Bus	Route	□ Nor Mileage	n Bus Milea	ige	65
Vehicle I.D. # License #				□ Distr	ict Own	ed		ontractor C	Dwned	
1247 5070						so, Name of ate per mile				
Reimbursement Distribution- Enter the legal entit			entity				eimburseme	ent to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal	Entity		atch budg Legal	jet! Entity			Legal Entit	у
0966			09	965						
% 86.00		%	14.	00	%				%	
PASSENGER INFO	ORMATION									_
Number of Preschoriding this route	ool/Kindergarter	n pupils		ELEMENTARY RIDE (Grades PK-8)	ERS			CHOOL RII ades 9-12)		TOTAL ELIGIBLE RIDERS
				a				b		C
Regular (include eligit	ole Preschool/Kind	dergarten		NUMBER			N	NUMBER		a + b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related Se	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schoomiles OR nonresident										
agreement) (Include ineligible Pre										
Nonpublic School Rid	ers (ineligible)									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees										
This Applies Co.				mmittee Approval as I						
area assigned to it	by the County	Transporta	tion C		has been	reviewe	ed and I certi	ity that this	bus operates	within the transportation
Signature - Chair, Cou	unty Transportation	on Committe	e						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Date All Routes				County Suprober 1	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length o	f Route ((miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity
70-654 7 Vehicle I.D. # License #				1 .	toute Mileage	2	65
Vehicle I.D. # License # 4090 7821					: Owned ct - If so, Name of Owner I cted rate per mile	Contractor C First Studen	
Reimbursement Distribution- Enter the legal entity number and p				e of state/co		aid to each dis	trict. Note: Percentages
Legal Entity 0966	Leç	gal Entity		Legal E		Legal Entit	у
% 100.00		%		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarter	1	NOWIDER		NOMBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	lance	;)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for the bus operates on the route as application for the second seco							
Signature - Chair, Board of Trustees						Date	
County This Application for Registration area assigned to it by the County	of School	Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.						te one form for e	ach bus route that	
Due Dates All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Length of	Route ((miles per day)	Type o	f Service □ Bus Route □ Non Bus M		Rated Capacity	
55-002	23.7			Bus F	Route Mileage		65	
Vehicle I.D. #	Licer	nse#		□ Distric	t Owned ict - If so, Name of Ownei	Contractor (
4094	782	4			cted rate per mile	First Stude		
Reimbursement Distribution- En	ter the lega	l entity		e of state/co		e paid to each di	strict. Note: Percentages	
Legal Entity	Lega	al Entity		Legal E		Legal Enti	ty	
0965								
% 100.00	9/	, 0		%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	TDC	HIGH SCHOOL	DIDEDO	TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils		(Grades PK-8)	באס	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBE	D	c a+b	
Regular (include eligible Preschool/K	Kindergarten		NONBER		NOMBL	N	аты	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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This Application for Registration	of School E	Bus and	d State Reimbursement		accordance with Section			
area assigned to it by the Count Signature - Chair, County Transporta			committee.			Date		
, ,						I		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for ea	ach bus route that		
Due Dates: All Routes	-	To	County Suprober 1			Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of Ro	oute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity		
	1.2		Bus R	71				
Vehicle I.D. # 4205	License 4733	e#		Owned ct - If so, Name of Owner cted rate per mile	Contractor C First Studen			
Reimbursement Distribution- Ente	er the legal e			unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0965	o ,			ntity	Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kir riders)	ndergarten	NOMBER		HOMBER				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., ur miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kindergal Nonpublic School Riders (ineligible)	nce							
TOTAL RIDERS								
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This Application for Registration of	of School Bus	s and State Reimbursemen		accordance with Section a				
area assigned to it by the County Signature - Chair, County Transportati					Date			



County Name

Yellowstone

Route #

70-652

8935

Vehicle I.D. #

Legal Entity

riding this route

1st Wheelchair (WC) 2nd Wheelchair (WC)

agreement)

TOTAL RIDERS

Additional Wheelchairs (WC)

TOTAL ELIGIBLE RIDERS

Nonpublic School Riders (ineligible)

0966

100.00

PASSENGER INFORMATION

Number of Preschool/Kindergarten pupils

Regular (include eligible Preschool/Kindergarten

Non-WC IEP Lists Trans as Related Service

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance

(Include ineligible Preschool/Kindergarten riders)

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

Due Dates:

24

All Routes

Combined School District Application for Registration of School Bus & State Reimbursement

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

County Number

NUMBER

Length of Route (miles per day)

License #

Legal Entity

%

7831

1 copy State Supt. 1 copy County Supt. 1 copy School District School Year 2003 - 2004 Rate Per Mile **To County Supt** October 15 \$0.95 October 1 Legal Entity Number District Name Billings Public Schools 0965 0966 Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage **Bus Route Mileage** Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity % **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) h С NUMBER a + b

Date

We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are

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We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.								
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name	Legal Entity Number		
Yellowstone					s Public Schools		0965 0966	
Route #	Length of	of Route ((miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity	
24-602 Vehicle I.D. #	24			1 .	toute Mileage		14	
8938		768			: Owned Ct - If so, Name of Owner Coted rate per mile	Contractor C First Studen		
Reimbursement Distribution- En	iter the le	gal entity		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0966	Le	egal Entity		Legal E		Legal Entit	у	
% 100.00		%		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergard riding this route	ten pupils	5	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOWBER		a + D	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	rs)						
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees					<u> </u>	Date		
County T This Application for Registration area assigned to it by the Count	of Schoo	ol Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Comn	mittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven the	ough tra	nsportees of another I	egal enti	ty may utilize the	Rate Per Mile		
Due Dates					ınty Supt	To OPI		
All Routes				Octobe	er 1	October 15		\$1.57
County Name			County Number		District Name			Legal Entity Number
Yellowstone			56		Billings Pub	lic Schools	0965 0966	
Route #	Leng	th of Ro	ute (miles per day)		Type of Service	e □ Bus Route Mi		Rated Capacity
70-655	3.2				Bus Route I	□ Non Bus Milea Mileage	age	71
Vehicle I.D. #		License	: #		District Owned	1 (Contractor (
4208		7777			□ Contract - If so□ Contracted rate	o, Name of Owner F te per mile	irst Studer	nt Clnc —
Reimbursement Distribution- En	nter the	e legal ei			f state/county re	mbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal E		iust matt	Legal Entity		Legal Enti	ty
0966								
% 100.00		%			%		%	
PASSENGER INFORMATION			EL EL MENTA DI	(DIDED	0	LIIOLI COLLOGI DI	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY (Grades F		S	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBE	a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/hriders)	Regular (include eligible Preschool/Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for r bus operates on the route as ap	proved							
Signature - Chair, Board of Trustees	•						Date	
County 1 This Application for Registration area assigned to it by the Count	of Sch	hool Bus			•		•	
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for ea	ach bus route that		
Due Dates: All Routes	Ü	To C	ounty Supt			Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route # Le	ength of Rou	te (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
33-650 4	1	,,	1	oute Mileage		71		
Vehicle I.D. # 4207	License 7778	#		Owned (ct - If so, Name of Owner I cted rate per mile	Contractor C First Studen			
Reimbursement Distribution- Enter	the legal en		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0965	Legal Er		atch budget Legal E		Legal Entit	у		
% 100.00	%		%		%			
PASSENGER INFORMATION	,,							
Number of Preschool/Kindergarten riding this route	pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/Kinde riders)	ergarten	NOMBER		HOMBER		u · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Ser	vice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	e							
TOTAL RIDERS								
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This Application for Registration of	School Bus	and State Reimbursement		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County Tr Signature - Chair, County Transportation		n Committee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Display	This form is required in accorda	nce with Title	e 20, Chapter 10, Part 1	, MCA. Sch	nool district	t official must complete o	ne form for ea	ach bus route that
All Routes County Name Service District Name Non Bus Milleage Non Bus Milleage So Faked Capacity Non Bus Milleage So Countractor Owned Countractor Towned Countractor Take par mile Legal Entity Legal Ent			ransportees of another		-			Rate Per Mile
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Dus Route Mileage Rated Capacity 60-601 4.4 Bus Route Mileage Dus Route Mileage Stock							;	\$1.36
Route # Length of Route (miles per day) Type of Service Dus Route Mileage Rafed Capacity Solution Number of Preschool/Kindergarten 1 District Owned Contractor Owned	County Name		County Number	D	District Nam	ne		Legal Entity Number
Route # Length of Route (miles per day) 4.4 Bus Route Mileage Bus	Yellowstone		56	В	Billings P	ublic Schools	0965 0966	
Source S	Route #	Length of F	Route (miles per day)			rvice Bus Route Mile		Rated Capacity
Vehicle ID. #	60-601	4.4		В	Bus Rout		ige	65
Reimbursement Distribution-Enter the legal entity unmber and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity	Vehicle I.D. #	Licen	se#		District Ow	rned C		
Legal Entity	3414	4748	3			· ·	irst Studen	t Clnc —
Legal Entity 1. Legal	Reimbursement Distribution- Er	nter the legal				reimbursement to be pa	id to each dis	trict. Note: Percentages
PASSENGER INFORMATION Unuber of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) ELIGIBLE RIDERS (Grades 9-12) INVIMBER (Grades 9-12) IN		Lega				,	Legal Entity	у
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS noting this route	0966							
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS noting this route	% 100.00	%			%		%	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS riding this route a NUMBER NUMBER NUMBER Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchair (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that it his bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent and Extra Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand that violations of the laws, rules or require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 1st application for registration of school bus and state reimbursement i	_							
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	This Application for Registration	of School B	us and State Reimburse					
							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					one form for e	each bus route that		
			, ,			Rate Per Mile		
Due Date All Routes	~-	To Co Octol	ounty Supt per 1	t To OPI October 15		\$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56	Billing	s Public Schools		0965 0966		
Route #	Length of Route	e (miles per day)		f Service Bus Route M		Rated Capacity		
02-302	4.7		Bus R	□ Non Bus Mile Route Mileage	eage	71		
Vehicle I.D. #	License #		□ District		Contractor	Owned		
4219	9340			ct - If so, Name of Owner cted rate per mile	First Stude	nt Clnc		
Reimbursement Distribution- Er	nter the legal entit				paid to each di	strict. Note: Percentages		
Legal Entity 0965	Legal Ent		tch budget Legal E		Legal Enti	ity		
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergal riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/liriders)	Kindergarten							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees				, , , , , , , , , , , , , , , , , , ,	Date	_		
County This Application for Registration area assigned to it by the Coun	n of School Bus a	nd State Reimbursement I		accordance with Section eviewed and I certify that the				
Signature - Chair, County Transport					Date	_		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e									one form for e	
Due Date All Routes					Cou ctobe	inty Supt r 1	t	To OPI October 15		Rate Per Mile \$1.57
County Name				County Number		District	Name			Legal Entity Number
Yellowstone				56			s Public			0965 0966
Route #	Len	gth of R	Route (miles per day)			Type of		Bus Route Mileage □ Non Bus Mileage		Rated Capacity
02-201	5					Bus R	oute Mile	eage		71
Vehicle I.D. #		Licens				DistrictContra		C ame of Owner	Contractor (Owned
1747		768A				Contra	cted rate pe	er mile		
Reimbursement Distribution- En	nter th	e legal e	entity			f state/co ch budget		ursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity 0965		Legal	Entity	/		Legal E	ntity		Legal Enti	ty
% 100.00		%				%			%	
PASSENGER INFORMATION				ELEMENTARY RIG	DERS	S	HI	GH SCHOOL RII	DERS	TOTAL
Number of Preschool/Kindergal riding this route	rten pu	upils		(Grades PK-8)			(Grades 9-12))	ELIGIBLE RIDERS
				a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/ riders)	Kinder	garten						-		
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	d Servic	ce								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	dance									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		riders)								
TOTAL RIDERS										
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Signature - Chair, Board of Trustees		u by an	u will	пп пе папѕропапоп 9	oci VI	ce aita a	issigned by	the County Trans	Date Date	mmilee.
County This Application for Registration area assigned to it by the County	n of Sc	chool Bu	ıs and							
Signature - Chair, County Transport	tation C	Committe	е						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates All Routes	s :			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.57			
County Name			County Number	District	Name		Legal Entity Number			
Yellowstone			56		s Public Schools		0965 0966			
Route #	Length	n of Route	(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	-	Rated Capacity			
67-652	22			Bus R	Route Mileage	age	71			
Vehicle I.D. #	L	icense #		□ District	t Owned (oct - If so, Name of Owner I	Contractor (
4206	4	1734			cted rate per mile		——————————————————————————————————————			
Reimbursement Distribution- Ent	ter the le	egal entity		e of state/co atch budget		aid to each dis	strict. Note: Percentages			
Legal Entity 0965	L	_egal Entit		Legal E		Legal Entit	ty			
				_						
% 100.00		%		%		%				
PASSENGER INFORMATION			ELEMENTARY RIDE	.DC	HIGH SCHOOL R	DEDC	TOTAL			
Number of Preschool/Kindergart riding this route	ten pupi	ils	(Grades PK-8)	:K3	(Grades 9-12		ELIGIBLE RIDERS			
			a NUMBER		b NUMBER		c a+b			
Regular (include eligible Preschool/K riders)	(indergar	ten	NOMBER		NOWIDER		a i b			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda										
agreement) (Include ineligible Preschool/Kinderga		ers)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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County T This Application for Registration area assigned to it by the County	of Scho	ool Bus an	d State Reimbursement		accordance with Section a eviewed and I certify that this					
Signature - Chair, County Transporta	ation Con	nmittee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven though trai	nsportees of another legal e	ntity may ut	ilize the services		,	Data Dan Mila		
Due Dates All Routes			ounty Supt ber 1		OPI tober 15		Rate Per Mile 61.36		
County Name		County Number	District	Name			Legal Entity Number		
Yellowstone		56		s Public Scho			0965 0966		
Route #	Length of Ro	ute (miles per day)	Type of		is Route Mile on Bus Milea	•	Rated Capacity		
47-655	23		Bus R	Bus Route Mileage			65		
Vehicle I.D. #	License	#	□ District	Owned	C	ontractor O			
4115	7823		 □ Contract - If so, Name of Owner First Student C □ Contracted rate per mile 				t Clnc —		
Reimbursement Distribution- Er	iter the legal er				ent to be pa	id to each dist	rict. Note: Percentages		
Legal Entity	Legal E		atch budget Legal E			Legal Entity	1		
0965									
% 100.00	%		%			%			
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils		ERS		SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS		
		a NUMBER			b NUMBER		c a + b		
Regular (include eligible Preschool/kriders)	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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County	ransportation	Committee Approval as r	required in	accordance wit	h Section 20	0-10-132. MC	A .		
This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursement							
Signature - Chair, County Transporta	, ,					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates All Routes				ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36			
County Name			County Number	District	Name		Legal Entity Number			
Yellowstone			56	Billing	s Public Schools		0965 0966			
Route #	Length of	Route ((miles per day)	Type o	f Service ☐ Bus Route ☐ Non Bus M		Rated Capacity			
59-652	23.2			Bus F	Route Mileage	_	65			
Vehicle I.D. #	Lice	nse #		□ Distric	t Owned act - If so, Name of Owner	Contractor (
4116	782	22			acted rate per mile	T IISt Studel	It Ciric			
Reimbursement Distribution- En	iter the lega	al entity		e of state/co		paid to each dis	strict. Note: Percentages			
Legal Entity 0965	Leg	al Entity		Legal E		Legal Enti	ty			
% 100.00	C	%		%		%				
PASSENGER INFORMATION		1	ELEMENTARY RIDE	RS	HIGH SCHOOL	RIDERS	TOTAL			
Number of Preschool/Kindergart riding this route	ten pupils		(Grades PK-8)		(Grades 9-		ELIGIBLE RIDERS			
			a NUMBER		b NUMBEI	₹	c a+b			
Regular (include eligible Preschool/Kindergarten riders)			NOMBLIX		TTO MISE.	`	a · b			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance									
Nonpublic School Riders (ineligible)	arten naers,	'								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees										
County T This Application for Registration					accordance with Section					
area assigned to it by the Count Signature - Chair, County Transporta	y Transpor	tation C		iida DEEII I	Sylowed and rectury that t	<u> </u>	wann the dansportation			
orginature - Grian, County Transports	auon Commi	iiee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	oute # Length of Route (miles per day)			Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
51-610 Vehicle I.D. #				oute Mileage	-	71		
4205	4733		 □ District Owned □ Contract - If so, Name of Owner First Student Clnc □ Contracted rate per mile 					
Reimbursement Distribution- En	ter the legal entit		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0966	ity	Legal E		Legal Entity	У			
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
a NUMB				b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)				NOMBER		a i b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., to miles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rubus operates on the route as ap								
Signature - Chair, Board of Trustees			-		Date			
County T This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Date:	s:		To County S	upt	To OPI		Rate Per Mile	
All Routes			October 1		October 15		\$1.36	
County Name		County Number	Distr	rict Name			Legal Entity Number	
Yellowstone		56	Billi	ngs Public S	Schools		0965 0966	
Route #	Length of Ro	ute (miles per day)		e of Service	□ Bus Route Mile		Rated Capacity	
03-600	23.4		Bus	Route Mile	□ Non Bus Milea eage	ge	65	
Vehicle I.D. #	License	#	□ Dist	trict Owned	C		ntractor Owned	
1244	7848			ntract - If so, Na ntracted rate pe	ame of Owner Fermile	irst Studen	it Clnc	
Reimbursement Distribution- Er	nter the legal e		ntage of state		irsement to be pa	id to each dis	strict. Note: Percentages	
Legal Entity	Legal E			al Entity		Legal Entit	у	
0965								
% 100.00	%		%	, D		%		
PASSENGER INFORMATION		ELEMENTARY	RIDERS	Н	GH SCHOOL RIE)ERS	TOTAL	
Number of Preschool/Kindergar	ten pupils	(Grades Pk			(Grades 9-12)		ELIGIBLE RIDERS	
riding this route	riding this route							
		a NUMBEF	R		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)		-						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operate entirel	y on the route established	by the Board of	Trustees and wi	thin the transportation	on area assigne	ed and approved by the	
County Transportation Committee. We agree to supervision of this b								
required; to provide a vehicle which Superintendent; and to provide a lice						lighway Patrol a	and the State	
We also agree to refrain from sol We understand that violations of	iciting or causing	others to solicit students f	rom other trans	portation areas.		lding of state ar	nd county reimbursement for	
this bus route. We agree that if this route crosse	es district lines ar	id transports students from	outside the dis	strict, a copy of th	ne agreement betwe	en Boards. 20-	10-126(2) MCA, signed by	
the school boards of both districts sh We understand route changes of	nall be attached t	o the county superintender	nt's copy of this	document.	_			
accordance with 20-10-132, MCA. I certify that this application for								
bus operates on the route as ap	proved by and					portation Cor		
Signature - Chair, Board of Trustees	-					Date		
		Committee Approval						
This Application for Registration area assigned to it by the Count	ty Transportation		nent nas beer	n reviewed and	i certity that this	bus operates	within the transportation	
Signature - Chair, County Transport	ation Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven the	ough transp	ortees of another legal e	ntity may ut	tilize the services.		Rate Per Mile	
Due Dates All Routes			To C Octo	ounty Supt ber 1	t To OPI October 15		\$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Leng	th of Route	(miles per day)		f Service Bus Route N		Rated Capacity	
41-201	23			Bus R	□ Non Bus Mil Route Mileage	eage	age 71	
Vehicle I.D. #		License #		□ District	t Owned		ontractor Owned	
4203		4750			ict - If so, Name of Owner icted rate per mile	First Studen	t Clnc	
Reimbursement Distribution- En	nter the	e legal entity		of state/co		paid to each dis	trict. Note: Percentages	
Legal Entity 0965		Legal Entit					Entity	
% 100.00		%		%		%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	.DC	LIICH COLIOOL I	NDEDC	TOTAL	
Number of Preschool/Kindergarten pupils riding this route		pils	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kindero	ance							
Nonpublic School Riders (ineligible)	jartorri	14616)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as ap Signature - Chair, Board of Trustees	_	d by and wit	hin the transportation se	rvice area a	assigned by the County Tra	nsportation Cor	nmittee.	
- g Shan, Esaid of Husbood								
County 1 This Application for Registration area assigned to it by the Count	of Scl	hool Bus an	d State Reimbursement		accordance with Section eviewed and I certify that the			
Signature - Chair, County Transporta	ation Co	ommittee		<u> </u>		Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though tra	ansportees of another le	gal entity	y may util	lize the service	s.	ı	Rate Per Mile
Due Date : All Routes			To Cour October	nty Supt		OPI ctober 15		\$1.57
County Name		County Number		District N	Name			Legal Entity Number
				Dillings	. Dublic Cob	oolo		
Yellowstone Route #	Length of R	ute (miles per day)			S Public Sch Service B			0965 0966 Rated Capacity
07.000		, , , , , , , , , , , , , , , , , , , ,			□ N	Ion Bus Mileaç		
67-600 Vehicle I.D. #	23 Licens	e #			oute Mileage		ontractor C	71
4206	4734	υ π		Contrac		of Owner Fi	Contractor Owned First Student Clnc	
Reimbursement Distribution- Er	nter the legal			state/cou	ınty reimburse		d to each dis	trict. Note: Percentages
Legal Entity	Legal			atch budget! Legal Entity Legal			Legal Entity	<i>I</i>
0965	Logar			Legal Entity		Logar Entry		
% 100.00	%			%	%			
PASSENGER INFORMATION								_
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils riding this route		RIDERS (-8)			SCHOOL RID Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
	а				b NUMBER		C	
Regular (include eligible Preschool/l	NUMBEF	Υ	NOWIDER				a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		,					Date	
County ⁻	Transportation	n Committee Approval	l as regi	uired in a	accordance w	ith Section 20)-10-132. MC	A .
This Application for Registration area assigned to it by the Coun	of School Buty Transportat	s and State Reimbursen ion Committee.						
Signature - Chair, County Transport	ation Committee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e						n for each bus route that
	-					Rate Per Mile
Due Date All Routes			To County Supt To O October 1 Octo			\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billings Public Schools			0965 0966
Route #	Length of Rou	te (miles per day)		Service 🗆 Bu	Rated Capacity	
45-601	23	□ Non Bus N Bus Route Mileage				71
Vehicle I.D. #	License #					ctor Owned
4212	4737			ct - If so, Name o	of Owner First S	tudent Clnc
Reimbursement Distribution- En	nter the legal ent		of state/co		ent to be paid to ea	ach district. Note: Percentages
Legal Entity	Legal En		Legal E		Lega	al Entity
0965						
% 100.00	%		%		9/	6
PASSENGER INFORMATION						
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS		CHOOL RIDERS (rades 9-12)	TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a			b	c .
Regular (include eligible Preschool/	Kindergarten	NUMBER			NUMBER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill operate entirely	on the route established by the	Poord of Tru	stoce and within th	o transportation area	assigned and approved by the
County Transportation Committee We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice	We further certify to bus and bus route to meets the minimul	hat this bus transports pupils e by the State Superintendent; to m standards as established by	ligible for sch make such r the Board of	nool transportation a eports to the State Public Education, t	as defined by 20-10-1 Superintendent and C he Montana Highway	01, MCA. County Superintendent as are
We also agree to refrain from so We understand that violations of this bus route.					use for withholding of	state and county reimbursement for
We agree that if this route crosse the school boards of both districts s We understand route changes of	hall be attached to	the county superintendent's co	py of this do	cument.		rds, 20-10-126(2) MCA, signed by Transportation Committee in
accordance with 20-10-132, MCA. I certify that this application for						
bus operates on the route as a Signature - Chair, Board of Trustees		vitnin the transportation sei	vice area a	issigned by the C	ounty Transportation	on Committee.
	n of School Bus a					32, MCA. perates within the transportation
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates All Routes			To C	ounty Sup			Rate Per Mile \$1.57	
County Name County			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length	of Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	_	Rated Capacity	
31-001	23			Bus R	toute Mileage		71	
Vehicle I.D. # 4213		icense # 1723		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 				
Reimbursement Distribution- En	ter the le	egal entity		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0965	L	egal Entit		natch budget! Legal Entity Legal			ntity	
% 100.00		%		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	ten pupil	Is	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NOMBLIX		NOMBER			
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	ers)						
TOTAL RIDERS								
This Application for Registration area assigned to it by the County	of Scho	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Com	nmittee		<u> </u>		Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

County Name County Number District Name Legal Entity Number Yellowstone Ength of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Rate Per Mile \$1.36 \$1							
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage							
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage	er						
□ Non Bus Mileage							
03-002 19.9 Bus Route Mileage 65							
3414	□ Contracted rate per mile						
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district.	ntages						
Legal Entity Legal Entity Legal Entity Legal Entity Use Legal Entity L							
% 100.00 % % %							
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route Continue	≣RS						
a b c NUMBER NUMBER a+b							
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation.	tation						
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date							



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Dates All Routes			County Supt tober 1	t To OPI October 15		Rate Per Mile \$0.95		
County Name County Number			District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of Ro	ute (miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile	•	Rated Capacity		
21-613 Vehicle I.D. #	20 License	#	1 .	toute Mileage	14			
8938	7768	#	 □ District Owned □ Contract - If so, Name of Owner First Student Clnc □ Contracted rate per mile 					
Reimbursement Distribution- En	nter the legal er		ge of state/co		aid to each dis	strict. Note: Percentages		
Legal Entity 0965	Legal E			Legal Entity Legal Entity				
% 100.00	%		%		%			
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIC (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
a NUMBE				b NUMBER		c a+b		
Regular (include eligible Preschool/Kindergarten riders)				NOMBER		a · b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		·			Date			
County 1 This Application for Registration area assigned to it by the Count	of School Bus	and State Reimbursemer		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.						omplete one form	for eac	ch bus route that	
Due Dates All Routes		·	To C	ounty Sup ber 1				ate Per Mile 1.57	
County Name		(County Number	District	Name		L	egal Entity Number	
Yellowstone	Yellowstone 56				s Public Schoo			0965 0966	
Route #	Length of F	Route (m	niles per day)	Type o		Route Mileage Bus Mileage	F	Rated Capacity	
48-002	48-002 19.5			Bus F	Route Mileage			71	
Vehicle I.D. #	Licen	se#		□ Distric		Contrac			
4202	4749	9		□ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile					
Reimbursement Distribution- En	ter the legal	entity no		e of state/co		nt to be paid to ea	ach distr	ict. Note: Percentages	
Legal Entity	Lega	I Entity	must m	Legal E		Lega	al Entity		
0965									
% 100.00	%	1		%		%	, D		
PASSENGER INFORMATION			ELEMENTARY RIDE	.DC	HIGH COL	HOOL RIDERS		TOTAL	
Number of Preschool/Kindergard riding this route	ten pupils		(Grades PK-8)	:K5		des 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER		NII	b JMBER		с a+b	
Regular (include eligible Preschool/Kindergarten			NOMBLE		i inc	DIVIDEN		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
This Application for Registration	of School B	sus and S							
area assigned to it by the Count Signature - Chair, County Transporta			mmittee.			Date			
, ,						l			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates: All Routes District Name District Name Legal Entity Number
County Name County Number District Name Legal Entity Number Yellowstone Solute # Length of Route (miles per day) Length of Route (miles per day) Type of Service Non Bus Route Mileage Non Bus Mileag
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Bus Route Mileage Rated Capacity 24-601 20 Bus Route Mileage 65 Vehicle I.D. # License # District Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc 2207 4618 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity
Route # Length of Route (miles per day) 24-601 Vehicle I.D. # 220 License # 4618 Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Type of Service Bus Route Mileage Rated Capacity Bus Route Mileage Contractor Owned Contractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal E
Route # Length of Route (miles per day) 24-601 Vehicle I.D. # 220 License # 4618 Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Type of Service Bus Route Mileage Rated Capacity Bus Route Mileage Contractor Owned Contractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity Legal E
24-601 20 Bus Route Mileage 65
Vehicle I.D. # 2207 License # Contract Owned Contract or Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity
must match budget! Legal Entity Legal Entity Legal Entity Legal Entity Legal Entity
Legal Entity Legal Entity Legal Entity Legal Entity
0966
% 100.00 % %
PASSENGER INFORMATION
Number of Preschool/Kindergarten pupils ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL (Grades 9-12) ELIGIBLE RIDERS
riding this route
a b c
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten
riders) 1st Wheelchair (WC)
2nd Wheelchair (WC)
Additional Wheelchairs (WC)
Non-WC IEP Lists Trans as Related Service
TOTAL ELIGIBLE RIDERS
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance
agreement) (Include ineligible Preschool/Kindergarten riders)
Nonpublic School Riders (ineligible)
TOTAL RIDERS
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the
County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are
required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State
Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.
Signature - Chair, Board of Trustees Date
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.
Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan	ce with Title 2	20. Chapter 10. Part 1. M	CA. School o	istrict official must complete	one form for ea	ach bus route that			
receives state reimbursement ev						Rate Per Mile			
Due Dates	:		County Su						
All Routes		O	ctober 1	October 15		\$1.57			
County Name		County Number	District Name			Legal Entity Number			
Yellowstone		56	Billin	gs Public Schools		0965 0966			
Route #	Length of Ro	ute (miles per day)	Туре	of Service Bus Route N Non Bus Mil		Rated Capacity			
31-651	31-651 20			Route Mileage	71				
Vehicle I.D. #	License	: #		□ District Owned Contractor Owned					
4212	4737								
Reimbursement Distribution- Ent	er the legal e		age of state/o		paid to each dis	trict. Note: Percentages			
Legal Entity	Legal E		Legal		Legal Entit	у			
0965									
% 100.00	%		%		%				
PASSENGER INFORMATION	70		70		70	-			
Number of Preschool/Kindergarte	en pupils	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS			
riding this route		(0.00001110	- /	(0.00000)	_,				
				b		С			
Regular (include eligible Preschool/Kindergarten				NUMBER		a + b			
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related S									
TOTAL ELIGIBLE RIDERS	SCIVICC								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderga	arten riders)								
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. W									
We agree to supervision of this bu required; to provide a vehicle which m	s and bus route	by the State Superintendent	; to make such	reports to the State Superinten	dent and County S	Superintendent as are			
Superintendent, and to provide a licer	nsed, qualified a	and approved driver to operat	te such vehicle	as required by 20-10-103, MCA		and the State			
We also agree to refrain from solic We understand that violations of the					holding of state ar	nd county reimbursement for			
this bus route. We agree that if this route crosses					ween Boards, 20-	10-126(2) MCA, signed by			
the school boards of both districts sha We understand route changes occ					ne County Transpo	ortation Committee in			
accordance with 20-10-132, MCA. I certify that this application for re									
bus operates on the route as app Signature - Chair, Board of Trustees	proved by and	within the transportation	service area	assigned by the County Tra	nsportation Cor	nmittee.			
				accordance with Section					
This Application for Registration area assigned to it by the County	/ Transportation	on Committee.	m nas been	eviewed and i certify that th	<u> </u>	within the transportation			
Signature - Chair, County Transporta	tion Committee				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates All Routes	5:			ounty Sup	t To OP			Rate Per Mile §1.57	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone	Yellowstone 56				gs Public School			0965 0966	
Route #	Length of	Route ((miles per day)	Type o	Type of Service ☐ Bus Route M☐ Non Bus Mile			Rated Capacity	
48-302	48-302 20.1			Bus F	Route Mileage			71	
Vehicle I.D. #	Licer			 □ District Owned □ Contract - If so, Name of Owner First Student Clnc 					
4202	474			□ Contracted rate per mile					
Reimbursement Distribution- En	ter the lega	entity		e of state/co atch budge		t to be paid to e	ach dist	trict. Note: Percentages	
Legal Entity 0965	Lega	l Entity		Legal E		Leg	al Entity	/	
% 100.00	%	'n		%			%		
PASSENGER INFORMATION							, ,		
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HOOL RIDERS des 9-12)		TOTAL ELIGIBLE RIDERS	
			a NUMBER		NI	b JMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NONBLIC		INC	MIDLIX		a · b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
TOTAL RIDLERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for rebus operates on the route as ap						nty Transportat			
Signature - Chair, Board of Trustees						Date			
This Application for Registration area assigned to it by the County	of School E y Transport	Bus and ation C							
Signature - Chair, County Transporta	ation Committ	ee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that	
receives state reimbursement e	ven thot	ugn transp	ortees of another legal er	itity may ut	ilize the service	es.		Rate Per Mile	
Due Dates All Routes			To Co Octob	ounty Supt per 1		o OPI ectober 15		\$1.57	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone			56	Billing	Billings Public Schools			0965 0966	
Route #	Length	h of Route	(miles per day)		Service 🗆 E	Bus Route Mile		Rated Capacity	
61-616	61-616 20.3			Bue D	۱ ت Soute Mileag	Non Bus Milea	ige	71	
Vehicle I.D. #		icense #		□ District			ontractor C		
4219 9340				□ Contra	ct - If so, Name cted rate per m	of Owner F			
Reimbursement Distribution- En	ter the I	legal entity		of state/co	unty reimburse		id to each dis	trict. Note: Percentages	
Legal Entity		Legal Entit		tch budget Legal E			Legal Entit	v	
0965			,		,			,	
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTARY RIDER	26	I нісн	SCHOOL RII)EBS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupi	ils	(Grades PK-8)	10		(Grades 9-12)		ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/kriders)	Kindergar	rten	-						
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten rid	ers)							
TOTAL RIDERS									
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I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees							Date		
This Application for Registration	of Scho	ool Bus an							
area assigned to it by the Count Signature - Chair, County Transporta	_		Jonimittee.				Date		
_ , , , , , , , , , , , , , , , , , , ,									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that		
Due Dates All Routes	s:		To C	county Sup			Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		s Public Schools		0965 0966		
Route #	J. 1. 1. 1. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			Type of	f Service Bus Route Mi Non Bus Mile	-	Rated Capacity		
70-650	21			Bus F	Route Mileage	Ū	71		
Vehicle I.D. # License # 2423 7783					t Owned (oct - If so, Name of Owner octed rate per mile	Contractor (First Studer			
Reimbursement Distribution- En	ter the	legal entit		e of state/co	ounty reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0966		Legal Enti		Legal E		Legal Enti	ty		
% 100.00		%		%		%			
PASSENGER INFORMATION			ELEMENTARY RIDE	-DC	LIIOH COHOOL D	IDEDC	TOTAL		
Number of Preschool/Kindergart riding this route	ten pup	oils	(Grades PK-8)	:K5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	Kinderga	irten	NOMBER		NOMBER		a v		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	!							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	ders)							
TOTAL RIDERS									
County T This Application for Registration area assigned to it by the Count	of Sch	iool Bus ai	nd State Reimbursement		accordance with Section eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e	ven thou	ugh trans	sportees of another legal e	ntity may uti	lize the ser	rvices.		Rate Per Mile		
Due Dates				ounty Supt		To OPI				
All Routes	5		Octo	ber i		October 15		\$1.57		
County Name			County Number	District	Name			Legal Entity Number		
Yellowstone			56	Billing	s Public	Schools		0965 0966		
Route #	Length	h of Rout	e (miles per day)	Type of		☐ Bus Route Mil		Rated Capacity		
41-202	21			Bus R	oute Mile	□ Non Bus Milea eage	age	71		
Vehicle I.D. #	/ehicle I.D. # License #			□ District			Contractor (
4210	7	7752			ct - If so, Na cted rate pe	ame of Owner Fer mile	rst Studer	nt Cinc		
Reimbursement Distribution- Er	nter the I	legal ent				ursement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity	l	Legal En		atch budget! Legal Er			Legal Enti	ty		
0965			•							
% 100.00		%		%			%			
PASSENGER INFORMATION										
Number of Preschool/Kindergar riding this route	rten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	RS	HI	IGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
			a NUMBER			b NUMBER		c a+b		
Regular (include eligible Preschool/liriders)	Kindergar	rten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	I Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	dance garten rid	lers)								
TOTAL RIDERS										
TOTAL RIBERO										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees		<i>y</i>			<u> </u>		Date	****		
-	•		Committee Approval as r	•			•			
This Application for Registration area assigned to it by the Count	ty Trans	portation		has been re	viewed and	d I certify that this		s within the transportation		
Signature - Chair, County Transport	ation Cor	mmittee					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e							110 101111 101 00		
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile	
All Routes	i		Octob	per 1		October 15	!	\$1.57	
County Name			County Number	District N	lame			Legal Entity Number	
Yellowstone			56		Billings Public Schools			0965 0966	
Route #	Lengt	h of Route	(miles per day)	Type of S		Bus Route Mile		Rated Capacity	
41-351	21			Bus Ro	oute Milea	Non Bus Milea I ge	ge	71	
Vehicle I.D. #	L	License #		□ District 0			ontractor C		
4210	7	7752			t - If so, Nar ted rate per	ne of Owner F mile	irst Studen	t Clnc —	
Reimbursement Distribution- Er	nter the	legal entity		of state/cou	nty reimbur	sement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity		Legal Enti		Legal En	tity		Legal Entity	/	
0965									
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	20	1110	II COLLOCI DI	EDO	TOTAL	
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDEI (Grades PK-8)	RS	HIG	H SCHOOL RIE (Grades 9-12)	DERS	TOTAL ELIGIBLE RIDERS	
riding this route									
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/k	Kinderga	rten	NONBLA			NOWBER		a + D	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		ters)							
Nonpublic School Riders (ineligible)	garteri na	2013)							
TOTAL RIDERS									
Make a control of the title has a	91	() 1	the control Pale of the	D l . (T	1	2 - 10 - 1 1 - 12			
We hereby certify that this bus will County Transportation Committee.	We furth	er certify tha	at this bus transports pupils el	igible for scho	ool transportat	ion as defined by	20-10-101, MC	A	
We agree to supervision of this b required; to provide a vehicle which	meets th	ie minimum	standards as established by t	the Board of P	ublic Educati	on, the Montana H			
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or	causing oth	ners to solicit students from ot	her transporta	ition areas.				
We understand that violations of this bus route.				·			· ·	,	
We agree that if this route crosse the school boards of both districts sh	nall be at	tached to th	e county superintendent's co	py of this docu	ument.	•	,	, , ,	
We understand route changes of accordance with 20-10-132, MCA.	ccurring o	during the s	chool year require the filing of	an amended	TR-1 form an	d approval of the	County Transpo	rtation Committee in	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees	;		·		•	,	Date		
County 1	Franspo	ortation C	ommittee Approval as re	equired in a	ccordance	with Section 2	0-10-132. MC	A.	
This Application for Registration area assigned to it by the Count	of Sch	ool Bus ar	nd State Reimbursement h						
Signature - Chair, County Transporta	ation Cor	mmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					olete one form for e	each bus route that
	-	•				Rate Per Mile
Due Date All Routes		Octo	ounty Supt per 1	t To OPI October 1	15	\$0.95
County Name		County Number	er District Name			Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	te (miles per day)		f Service 🗆 Bus Rou		Rated Capacity
70-605	-605 21				Mileage	14
Vehicle I.D. #	License	#	□ District		Contractor	
8935	7831			ct - If so, Name of Owr cted rate per mile	ner First Stude	nt Clnc
Reimbursement Distribution- En	nter the legal en		of state/co		be paid to each di	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Ent	ity
0966						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b)=D	C
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUME	3EK	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinden						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	ill operate entirely	on the route established by the	Poard of Tru	ustons and within the trans	enortation area assign	and and approved by the
County Transportation Committee. We agree to supervision of this t required; to provide a vehicle which Superintendent; and to provide a lic	We further certify bus and bus route meets the minimulensed, qualified ar	that this bus transports pupils e by the State Superintendent; to m standards as established by nd approved driver to operate si	ligible for sch make such r the Board of uch vehicle a	nool transportation as defir reports to the State Superi Public Education, the Mor as required by 20-10-103, I	ned by 20-10-101, Montendent and County ntendent and County ntana Highway Patrol	CA. Superintendent as are
We also agree to refrain from so We understand that violations of this bus route.					withholding of state a	and county reimbursement for
We agree that if this route crosss the school boards of both districts s We understand route changes o accordance with 20-10-132, MCA.	hall be attached to	the county superintendent's co	py of this do	cument.		
I certify that this application for						
bus operates on the route as a Signature - Chair, Board of Trustees		within the transportation ser	vice area a	issigned by the County	Date Date	mmittee.
County This Application for Registration area assigned to it by the Coun	n of School Bus					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	unce with Title 20	Chanter 10 Part 1 MCA	School di	strict official must complete	one form for e	ach hus route that	
receives state reimbursement e							
Due Date			ounty Sup			Rate Per Mile	
All Routes	3	Octo	ber 1	October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of Route	(miles per day)		Service Bus Route M	•	Rated Capacity	
60-606	21		Bus R	□ Non Bus Mile Soute Mileage	age	65	
Vehicle I.D. #	License #		□ District		Contractor (Owned	
1247	5070			ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	nter the legal entity				aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entit		atch budget Legal E		Legal Entit	у	
0966							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route		, ,		,			
		a NUMBER		b NUMBER		C	
Regular (include eligible Preschool/l	Kindergarten	NOWBER		NOWBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely on	the route established by the	Roard of Tru	istees and within the transporta	tion area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sol We understand that violations of this bus route.	We further certify that bus and bus route by meets the minimum ensed, qualified and iciting or causing oth	at this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from o	eligible for sch make such r the Board of such vehicle a ther transpor	nool transportation as defined be eports to the State Superintend Public Education, the Montana s required by 20-10-103, MCA. tation areas.	y 20-10-101, MC ent and County 9 Highway Patrol	A. Superintendent as are and the State	
We agree that if this route crosse the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.	hall be attached to th ccurring during the so	e county superintendent's co chool year require the filing o	opy of this do of an amende	cument. d TR-1 form and approval of the	County Transpo	ortation Committee in	
I certify that this application for bus operates on the route as ap							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							
County ⁻	Transportation C	ommittee Approval as ı	equired in	accordance with Section	<u> </u> 20-10-132, MC	ÇA.	
This Application for Registration area assigned to it by the Coun			has been re	eviewed and I certify that thi	s bus operates	within the transportation	
Signature - Chair, County Transport	•				Date		
					I		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea			
Due Dates All Routes	::			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.36		
County Name		County	y Number	District	Name		Legal Entity Number		
Yellowstone		56			s Public Schools		0965 0966		
Route # Length of Route (miles per day)				Type of	Service Bus Route M Non Bus Mile		Rated Capacity		
50-009 21 License #				1 .	oute Mileage	_	65		
9918	4746				Owned ct - If so, Name of Owner cted rate per mile	Contractor (First Studer			
Reimbursement Distribution- En	ter the legal	entity number		e of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0966	Legal	Entity 0965	must m	Legal E		Legal Entit	у		
% 35.00	%	65.00		%		%			
PASSENGER INFORMATION	70						_		
Number of Preschool/Kindergart riding this route	en pupils		MENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/K riders)	lindergarten		NOWIDER		NOWIBER		аты		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendated agreement) (Include ineligible Preschool/Kinderg. Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for rebus operates on the route as app									
Signature - Chair, Board of Trustees						Date			
County T This Application for Registration area assigned to it by the County	of School Bu	is and State F	Reimbursement		accordance with Section eviewed and I certify that thi				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda						omplete o	ne form for ea	ach bus route that	
receives state reimbursement e	ven tho	ugn transp	ortees of another legal er	tity may ut	ilize the services.			Rate Per Mile	
Due Dates All Routes			To Co Octob	unty Supt er 1		PI per 15		\$1.36	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone			56	Billing	Billings Public Schools			0965 0966	
Route # Length of Route (miles			(miles per day)		Service Bus	Route Mile		Rated Capacity	
54-600	54-600 21.4			Bus R	□ Non oute Mileage	Bus Milea	ge	65	
Vehicle I.D. # License #				□ District		С	ontractor C	Owned	
4116 7822					ct - If so, Name of cted rate per mile _	Owner F	irst Studer	t Clnc	
Reimbursement Distribution- En	iter the	legal entity				nt to be pa	id to each dis	strict. Note: Percentages	
Legal Entity		Legal Entit		tch budget Legal E			Legal Entit	v	
0965		3	•					,	
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTARY RIDER	RS	HIGH SC	HOOL RIE	DERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pup	oils	(Grades PK-8)			ades 9-12)		ELIGIBLE RIDERS	
			a NUMBER		N	b UMBER		c a+b	
Regular (include eligible Preschool/Friders)	Kinderga	irten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	arten rid	ders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soll We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.	We furth us and b meets th ensed, quiciting or the laws as district	er certify that bus route by the minimum ualified and causing oth rules or req t lines and tr ttached to th	at this bus transports pupils el the State Superintendent; to i standards as established by t approved driver to operate su- uers to solicit students from ot gulations governing school tra ansports students from outside e county superintendent's cop	gible for sch make such r he Board of ch vehicle a ner transport nsportation e the distric- by of this doo	nool transportation as eports to the State Su. Public Education, the s required by 20-10-1 tation areas. will be sufficient causet, a copy of the agreed cument.	defined by apperintender Montana H 103, MCA. e for withhoment between	20-10-101, MC nt and County S lighway Patrol a lding of state a en Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by	
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		J and Wil	and adhioportation del	4.04 4	ga by the oot		Date		
			ommittee Approval as re						
This Application for Registration area assigned to it by the Count				as been re	eviewed and I certif	y that this	bus operates	within the transportation	
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	D. (D. Mil	
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile	
All Routes	i		Octol	ber 1		October 15		\$1.36	
County Name			County Number	District I	Name			Legal Entity Number	
Yellowstone			56		s Public 9			0965 0966	
Route #	Length	n of Route	(miles per day)	Type of		□ Bus Route Miles		Rated Capacity	
24-650	22			Bus R	oute Mile	□ Non Bus Milea age	ige	65	
Vehicle I.D. #	L	icense #		□ District			Contractor C		
1241	7	7826			ct - If so, Na cted rate pe	ame of Owner Fer mile	rirst Studen	t Clnc —	
Reimbursement Distribution- En	nter the I	legal entit		of state/cou		irsement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	L	Legal Enti	ty	Legal Er			Legal Entit	у	
0966		(0965						
% 69.00		% 3	1.00	%			%		
PASSENGER INFORMATION			5,5,45,47,5,4,5,4,5,5	D 0			2500	T0.T.	
Number of Preschool/Kindergar	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	RS	HI	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
Tiding this route			a			b		c	
Describer (in alcode all sible Describes 1/4	C:l	4	NUMBER			NUMBER		a + b	
Regular (include eligible Preschool/briders)	Kindergar	rten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	arten ride	ers)							
Nonpublic School Riders (ineligible)	,	,							
TOTAL RIDERS									
We hereby certify that this hus wi	ill operate	entirely o	the route established by the	Board of True	stees and wi	thin the transportati	on area assigne	ed and approved by the	
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We furthe us and bu	er certify the	at this bus transports pupils e the State Superintendent; to	ligible for scho make such re	ool transport eports to the	ation as defined by State Superintende	20-10-101, MC nt and County S	A. Superintendent as are	
Superintendent; and to provide a lice We also agree to refrain from soli	ensed, qui	ualified and causing oth	approved driver to operate so ners to solicit students from of	uch vehicle as ther transporta	s required by ation areas.	20-10-103, MCA.			
We understand that violations of this bus route.				·			· ·	•	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees Date									
This Application for Registration area assigned to it by the Count	of Scho	ool Bus ar							
Signature - Chair, County Transporta							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.	nce with Title	20, Chapter 10, Part 1, M	ICA. School dis	strict official must complete of	one form for ea	ach bus route that	
					1	Rate Per Mile	
Due Dates All Routes			o County Supt October 1	t To OPI October 15	:	\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Billing	s Public Schools		0965 0966	
Route #	Length of F	Route (miles per day)		Service Bus Route Mi		Rated Capacity	
70-010	22		Bus R	□ Non Bus Milea Soute Mileage	age	65	
Vehicle I.D. #	Licens	se#	□ District	: Owned (Contractor C		
1243	7849			ct - If so, Name of Owner F cted rate per mile	First Studen	t Clnc —	
Reimbursement Distribution- En	ter the legal		tage of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity	Legal	Entity	Legal E		Legal Entity	у	
0966							
% 100.00	%		%		%		
PASSENGER INFORMATION	,,						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY R (Grades PK-		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route		(3.333	-,	(,		
		а		b		С	
Regular (include eligible Preschool/k	Kindergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)	arten nuers)						
TOTAL RIDERS							
We hereby certify that this bus wi	Il operate entir	ely on the route established by	v the Board of Tru	stees and within the transportat	tion area assigne	ed and approved by the	
County Transportation Committee. Now agree to supervision of this by required; to provide a vehicle which Superintendent; and to provide a lice	We further cert us and bus rou meets the mini	ify that this bus transports pup te by the State Superintenden mum standards as established	bils eligible for sch nt; to make such ro d by the Board of	nool transportation as defined by eports to the State Superintende Public Education, the Montana	20-10-101, MCA ent and County S	A. Superintendent as are	
We also agree to refrain from soli We understand that violations of	citing or causi	ng others to solicit students fro	m other transport	tation areas.	olding of state ar	nd county reimbursement for	
this bus route. We agree that if this route crosse					een Boards, 20-1	10-126(2) MCA, signed by	
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.					County Transpo	ortation Committee in	
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees			3200 0.00 0	g j ale county fruit	Date		
					10 100 77		
This Application for Registration area assigned to it by the Count	of School B	us and State Reimburseme		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex								ne form for e	ach bus route that
Due Dates All Routes				To County Supt October 1 To OPI October 1					Rate Per Mile \$1.36
County Name			County Number		District Name				Legal Entity Number
Yellowstone			56		Billings Public Schools				0965 0966
Route # Length of Route (miles per day)			te (miles per day)		Type of		s Route Mile on Bus Milea		Rated Capacity
50-010 22						oute Mileage			65
Vehicle I.D. # License # 2415 7767			#			Owned ct - If so, Name co cted rate per mile	of Owner F	ontractor (irst Studer	
Reimbursement Distribution- En	ter the I	legal en				unty reimbursem		id to each dis	strict. Note: Percentages
Legal Entity 0966	L	Legal Er		i mate	Legal E			Legal Entit	у
% 28.00		%	72.00		%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergard riding this route	ten pupi	ils	ELEMENTARY RI (Grades PK-		S		CHOOL RII Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	Kindergar	rten	NOMBER				- TOMBER		u i
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	ers)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									
This Application for Registration	of Scho	ool Bus							
area assigned to it by the Count Signature - Chair, County Transporta			n Committee.					Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20 receives state reimbursement even though trans				one form for e	ach bus route that
_	•				Rate Per Mile
Due Dates: All Routes	Octob	ounty Supt per 1	t To OPI October 15		\$0.95
County Name	County Number	y Number District Name			Legal Entity Number
Yellowstone	56	Billing	s Public Schools	0965 0966	
	e (miles per day)		Service Bus Route M Non Bus Mile		Rated Capacity
63-610 22	-610 22				14
Vehicle I.D. # License #	ŧ .	□ District	Coute Mileage COwned	Contractor (Owned
8935 7831			ct - If so, Name of Owner cted rate per mile	First Studer	nt Clnc
Reimbursement Distribution- Enter the legal enti		of state/co		paid to each dis	strict. Note: Percentages
Legal Entity Legal En		Legal E		Legal Entit	ty
0965					
% 100.00 %		%		%	
PASSENGER INFORMATION		70		70	
Number of Preschool/Kindergarten pupils	ELEMENTARY RIDEI (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	(61446611116)		(Grades 5 1.	-,	ELIOIBLE HIBERO
	a		b		С
Regular (include eligible Preschool/Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
, ,					
Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance					
agreement) (Include ineligible Preschool/Kindergarten riders)					
Nonpublic School Riders (ineligible)					
TOTAL RIDERS					
We hereby certify that this bus will operate entirely of	on the route established by the	Board of Tru	Istees and within the transporta	ation area assign	ed and approved by the
County Transportation Committee. We further certify the We agree to supervision of this bus and bus route be	nat this bus transports pupils el	igible for sch	nool transportation as defined b	y 20-10-101, MC	A. ,
required; to provide a vehicle which meets the minimur	n standards as established by t	the Board of	Public Education, the Montana	Highway Patrol	
Superintendent; and to provide a licensed, qualified and We also agree to refrain from soliciting or causing o	thers to solicit students from ot	her transport	tation areas.		
We understand that violations of the laws, rules or rules bus route.		·		· ·	•
We agree that if this route crosses district lines and the school boards of both districts shall be attached to	the county superintendent's cop	py of this do	cument.		
We understand route changes occurring during the accordance with 20-10-132, MCA.	school year require the filing of	an amende	d TR-1 form and approval of the	e County Transpo	ortation Committee in
I certify that this application for registration of sc bus operates on the route as approved by and w					
Signature - Chair, Board of Trustees			g.: y =:-0 00amy	Date	****
					_
County Transportation (This Application for Registration of School Bus a area assigned to it by the County Transportation	and State Reimbursement h		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transportation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.						
Due Dates All Routes			County Supt	To OPI October 15		Rate Per Mile \$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56		s Public Schools		0965 0966
Route #	Length of Ro	ute (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity
63-600	17.6	,,	- ·	oute Mileage	-	71
Vehicle I.D. #	License	#	□ District □ Contra	Owned Council	Contractor C First Studen	
4201	E429			cted rate per mile		
Reimbursement Distribution- En		must	match budget	!		
Legal Entity 0965	Legal E	intity	Legal E	ntity	Legal Entity	у
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV DV		LUQUI QQUQQU DI	DED0	TOTAL
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RII (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/kiriders)	Cindergarten	NOWIDEN		NOMBER		a i b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.						A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees					Date	
County T This Application for Registration area assigned to it by the Count	of School Bus	and State Reimburseme		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						mplete one form t	for each bus route that
Due Dates All Routes				County Sup ober 1	ot To OPI Octobe		Rate Per Mile \$1.57
County Name			County Number	Distric	t Name		Legal Entity Number
Yellowstone			56		gs Public Schools		0965 0966
Route #	Length of I	Route (ı	miles per day)	Туре		oute Mileage us Mileage	Rated Capacity
61-611	17.7			Bus	Route Mileage		71
Vehicle I.D. #	Licen	se#			ct Owned act - If so, Name of O		or Owned
4130	778	7			acted rate per mile		
Reimbursement Distribution- En	nter the legal	entity r		e of state/onatch budge		to be paid to eac	h district. Note: Percentages
Legal Entity	Lega	I Entity		Legal		Legal	Entity
0965							
% 100.00	%)		%		%	
PASSENGER INFORMATION	_		ELEMENTA DV DID		1,110,110,011	OOL DIDEDO	
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS
			a NUMBER		NII II	b MBER	c a+b
Regular (include eligible Preschool/h	Kindergarten		NOWBER		NOI	VIDER	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-1011, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
	P 4 40						MOA
This Application for Registration area assigned to it by the Count	of School E ty Transport	Bus and ation Co				that this bus oper	
Signature - Chair, County Transporta	ation Committ	ee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Date: All Routes	ven though trans	sportees of another legal e			I	Rate Per Mile
0 1 1			D: (: (N			
County Name		County Number	District Nan	ne		Legal Entity Number
Yellowstone		56		ublic Schools		0965 0966
Route #	Length of Rou	te (miles per day)	Type of Ser	vice Bus Route M Non Bus Mile		Rated Capacity
47-653	17.8		Bus Rout	e Mileage	.ago	71
Vehicle I.D. #	License #	‡	□ District Ow		Contractor C	
4201	E429			f so, Name of Owner rate per mile	First Studen	t Cinc
Reimbursement Distribution- Er	nter the legal ent		of state/county		aid to each dis	trict. Note: Percentages
Legal Entity	Legal Er		atch budget! Legal Entity		Legal Entity	1
0965	2090. 2.	,	2090. 2.11119		2090. 2.1111	
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTARY RIDE	RS	HIGH SCHOOL R	IDFRS	TOTAL
Number of Preschool/Kindergar	ten pupils	(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS
riding this route						
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/l	Kindergarten	NOWBER		HOMBER		u · b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,	under 3					
miles OR nonresident and no attend agreement)	lance					
(Include ineligible Preschool/Kinderd Nonpublic School Riders (ineligible)	garten riders)					
TOTAL RIDERS						
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts slew understand route changes or accordance with 20-10-132, MCA.	We further certify to the substant of the subs	hat this bus transports pupils e by the State Superintendent; to n standards as established by d approved driver to operate s others to solicit students from o regulations governing school tr transports students from outsi the county superintendent's co	eligible for school to make such report the Board of Publuch vehicle as recther transportation ansportation will be detected the district, a copy of this docume	ransportation as defined by its to the State Superintend ic Education, the Montana quired by 20-10-103, MCA. In areas. The e sufficient cause for with a country of the agreement betwent.	y 20-10-101, MCA ent and County S Highway Patrol a nolding of state ar ween Boards, 20-1	A. superintendent as are and the State and county reimbursement for 0-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		are adhoportunon de	area acong		Date	
This Application for Registration area assigned to it by the Coun	of School Bus a ty Transportation					
Signature - Chair, County Transport	ation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for e	ach bus route that
Due Dates All Routes	•	·	To C	ounty Sup			Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length of I	Route (r	miles per day)	Type of	f Service Bus Route M Non Bus Mile	•	Rated Capacity
60-008	17.8			Bus R	Route Mileage		71
Vehicle I.D. #	Licen	se#		□ District	t Owned ct - If so, Name of Owner	Contractor (
4204	4730)			cted rate per mile	Filst Studel	
Reimbursement Distribution- En	ter the legal	entity r		e of state/co		paid to each dis	strict. Note: Percentages
Legal Entity 0966	Lega	I Entity	madem	Legal E		Legal Entit	ty
0900							
% 100.00	%	1		%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	DQ.	HIGH SCHOOL F	DIDEDS	TOTAL
Number of Preschool/Kindergart riding this route	en pupils		(Grades PK-8)	.110	(Grades 9-1		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	indergarten		NOMBER		Nomber		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
						A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
County T This Application for Registration area assigned to it by the County	of School B	us and	State Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transporta						Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement even though transport	ortees of another legal ent	ity may uti	strict official must complete of	one form for e	ach bus route that
	_				Rate Per Mile
Due Dates: All Routes	Octobe	unty Supt er 1	To OPI October 15		\$1.36
County Name	County Number	District I	Name		Legal Entity Number
Yellowstone	56	Billings	s Public Schools		0965 0966
Route # Length of Route	(miles per day)	Type of	Service Bus Route Mi		Rated Capacity
33-653		Bus R	□ Non Bus Milea oute Mileage	age	65
Vehicle I.D. # License #		District	Owned (Contractor (
4090 7821			ct - If so, Name of Owner Foted rate per mile	First Studer	nt Clnc
Reimbursement Distribution- Enter the legal entity		of state/cou		aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity		Legal Er		Legal Entit	ty
0965					
% 100.00 %		%		%	
PASSENGER INFORMATION					
Number of Preschool/Kindergarten pupils	ELEMENTARY RIDER (Grades PK-8)	lS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	,		,	,	
	a		b		C .
Regular (include eligible Preschool/Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance					
agreement) (Include ineligible Preschool/Kindergarten riders)					
Nonpublic School Riders (ineligible)					
TOTAL RIDERS					
We hereby certify that this bus will operate entirely on	the route established by the P	Poard of Tru	stops and within the transportat	tion area assign	ed and approved by the
We hereby certify that this bus will operate entirely on County Transportation Committee. We further certify that We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and bus route by the We agree to supervision of this bus and the We agree to supervision of the We agree to supervision of We agre	t this bus transports pupils elig the State Superintendent; to m	gible for scho nake such re	ool transportation as defined by eports to the State Superintende	20-10-101, MC ent and County	A. Superintendent as are
required; to provide a vehicle which meets the minimum s Superintendent; and to provide a licensed, qualified and a We also agree to refrain from soliciting or causing othe	approved driver to operate suc ers to solicit students from othe	ch vehicle as er transport	s required by 20-10-103, MCA. ation areas.	,	
We understand that violations of the laws, rules or reg this bus route.		•		J	•
We agree that if this route crosses district lines and tra the school boards of both districts shall be attached to the We understand route changes occurring during the sc accordance with 20-10-132, MCA.	e county superintendent's copy	y of this doc	ument.		
I certify that this application for registration of scho					
bus operates on the route as approved by and with Signature - Chair, Board of Trustees	iiii uie uansponauon serv	ाट वास्त्र वि	saighted by the County Iran	Date Date	mmauce.
County Transportation Co This Application for Registration of School Bus and area assigned to it by the County Transportation Co	d State Reimbursement ha				
Signature - Chair, County Transportation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of					plete one form for e	each bus route that
	•					Rate Per Mile
Due Date All Routes			ounty Supt ber 1	t To OPI October	15	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	ute (miles per day)		f Service 🗆 Bus Rou	ute Mileage	Rated Capacity
41-353	18		Bus R	□ Non Bus Route Mileage	s Mileage	65
Vehicle I.D. #	License	#	□ District		Contractor	Owned
9917	4745			ct - If so, Name of Ow cted rate per mile	ner First Stude	nt Clnc —
Reimbursement Distribution- E	nter the legal en		e of state/co atch budget		be paid to each di	strict. Note: Percentages
Legal Entity	Legal E		Legal E		Legal Enti	ity
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHO (Grades		TOTAL ELIGIBLE RIDERS
riding this route	Tion papilo	(5.44551115)		(Crado)	3 3 12)	ELIGIBLE KIBEKO
		a		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUM	BER	a + b
riders) 1st Wheelchair (WC)	g					
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
, ,	10					
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w	vill operate entirely	on the route established by the	Board of Tru	istees and within the tran	enortation area assign	and approved by the
County Transportation Committee.	We further certify	that this bus transports pupils e	ligible for sch	nool transportation as defi	ined by 20-10-101, MC	CA.
We agree to supervision of this to required; to provide a vehicle which	meets the minimu	ım standards as established by	the Board of	Public Education, the Mo	ontana Highway Patrol	
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing	others to solicit students from o	ther transpor	tation areas.		
We understand that violations of this bus route.			•		· ·	,
We agree that if this route crosse the school boards of both districts s	hall be attached to	the county superintendent's co	ppy of this do	cument.		
We understand route changes o accordance with 20-10-132, MCA.	ccurring during the	e school year require the filing o	f an amende	d TR-1 form and approva	I of the County Transp	ortation Committee in
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustee:		are transportation se		congride by the county	Date	
This Application for Registration	n of School Bus					
area assigned to it by the Coun Signature - Chair, County Transport	•	n Committee.			Date	
					_ 3.0	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.	nce with Title	20, Chapter 10, Part 1, MCA	. School di	strict official must complete	one form for e	ach bus route that
	_					Rate Per Mile
Due Dates All Routes			ounty Supt ber 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of R	oute (miles per day)		f Service Bus Route N		Rated Capacity
43-600	18		Bus R	□ Non Bus Mil Route Mileage	eage	14
Vehicle I.D. #	Licens	e #	□ District		Contractor (Owned
8938	7768			ct - If so, Name of Owner octed rate per mile	First Studer	nt Clnc
Reimbursement Distribution- En	ter the legal e		e of state/co atch budget		paid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entit	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70					
Number of Preschool/Kindergari	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route		(5.5555)		(0.00000	_,	
		a		b		С
Regular (include eligible Preschool/k	(indergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	arterrinaers)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entire	ly on the route established by the	P Board of Tru	ustees and within the transport	ation area assign	ed and approved by the
County Transportation Committee. \ We agree to supervision of this bi required; to provide a vehicle which i Superintendent; and to provide a lice	We further certi us and bus rout meets the minir	fy that this bus transports pupils e e by the State Superintendent; to num standards as established by	eligible for sch make such r the Board of	nool transportation as defined be reports to the State Superinten Public Education, the Montana	by 20-10-101, MC dent and County of a Highway Patrol	A. Superintendent as are
We also agree to refrain from soli We understand that violations of t	citing or causin	g others to solicit students from c	ther transpor	tation areas.		nd county reimbursement for
this bus route. We agree that if this route crosse					ween Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.					ne County Transpo	ortation Committee in
I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees		a within the transportation se	i vioc aita d	looigned by the county Ha	Date	minitude.
County T This Application for Registration area assigned to it by the Count	of School Bu					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

1 copy State Supt. 1 copy County Supt. 1 copy School District Rate Per Mile \$0.95 Legal Entity Number 0965 0966 Rated Capacity

receives state reimbursement even though transportees of another legal entity may utilize the services. **Due Dates: To County Supt** October 15 All Routes October 1 County Name County Number District Name Billings Public Schools Yellowstone Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) □ Non Bus Mileage 43-650 18 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner First Student Clnc 8938 7768 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0965 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils **ELIGIBLE RIDERS** (Grades PK-8) (Grades 9-12) riding this route h С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ance with Title 20, (Chapter 10, Part 1, MCA	. School dis	strict official must complete	one form for ea	ach bus route that
receives state reimbursement e		ŭ	, ,			Rate Per Mile
Due Date All Routes			county Supt ober 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56		s Public Schools		0965 0966
Route #	Length of Route	(miles per day)	Type of	Service Bus Route M Non Bus Mile	•	Rated Capacity
64-602	18		1 .	oute Mileage	-	14
Vehicle I.D. #	License #		☐ District	Owned ct - If so, Name of Owner	Contractor C First Studen	
8938	7768			cted rate per mile	- IISt Otddell	
Reimbursement Distribution- En	nter the legal entity		e of state/co atch budget		oaid to each dis	trict. Note: Percentages
Legal Entity 0965	Legal Entit		Legal E		Legal Entit	у
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV DIDE	-DC	HIGH SCHOOL R	IDEDO	TOTAL
Number of Preschool/Kindergal riding this route	rten pupils	ELEMENTARY RIDE (Grades PK-8)	EKS	(Grades 9-1)		ELIGIBLE RIDERS
		а		b		C
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.						
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees	s				Date	
County This Application for Registration area assigned to it by the Coun	n of School Bus an	d State Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							
Due Dates All Routes			To Co Octob	ounty Supt er 1	To OPI October 15		Rate Per Mile \$0.95
County Name		County Numb	per	District	Name		Legal Entity Number
Yellowstone		56			s Public Schools		0965 0966
Route #	Length of R	oute (miles per day))	Type of	Service Bus Route M Non Bus Mile	•	Rated Capacity
51-615 Vehicle I.D. #	18	- #	1	•	oute Mileage	-	18
8553	Licens 4619				Owned ct - If so, Name of Owner cted rate per mile	Contractor C First Studen	
Reimbursement Distribution- En	iter the legal e	entity number and po	ercentage	of state/co	unty reimbursement to be p	paid to each dis	trict. Note: Percentages
Legal Entity 0966	Legal	Entity	must ma	tch budget Legal E		Legal Entit	у
% 100.00	%			%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTA (Grade	ARY RIDEF es PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a MBER		b NUMBER		c a + b
Regular (include eligible Preschool/kiriders)	Kindergarten	NON	MDLIX		NOWBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.						A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in	
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees						Date	
County T This Application for Registration area assigned to it by the Count	of School Bu	is and State Reimbu			accordance with Section eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance w	rith Title 20, 0	Chapter 10, Part 1, MCA	. School dis	strict official must complete	one form for ea	ach bus route that
receives state reimbursement even th						Rate Per Mile
Due Dates:			ounty Supt			
All Routes		Octo	ber 1	October 15	;	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route # Leng	gth of Route	(miles per day)	Type of	Service Bus Route Mil Non Bus Milea		Rated Capacity
52-651 17			Bus R	coute Mileage	age	65
Vehicle I.D. #	License #		□ District		Contractor C	
1238	7830			ct - If so, Name of Owner F cted rate per mile	-ırst Studen	t Cinc —
Reimbursement Distribution- Enter the	e legal entity		e of state/co atch budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity		Legal E		Legal Entity	y
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	-
Number of Preschool/Kindergarten pu	ıpils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(3.2.2.2)		(0.0000 0 1-	,	
		a		b		C .
Regular (include eligible Preschool/Kinderg	garten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Servic	ce					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3	3					
miles OR nonresident and no attendance agreement)						
(Include ineligible Preschool/Kindergarten r Nonpublic School Riders (ineligible)	riders)					-
TOTAL RIDERS						
TOTAL RIDERS						
We hereby certify that this bus will opera County Transportation Committee. We furt						
We agree to supervision of this bus and required; to provide a vehicle which meets	l bus routé by t	the State Superintendent; to	make such r	eports to the State Superintende	ent and County S	Superintendent as are
Superintendent; and to provide a licensed, We also agree to refrain from soliciting of	qualified and a	approved driver to operate s	uch vehicle a	s required by 20-10-103, MCA.	J 1, 111 1	
We understand that violations of the law this bus route.					olding of state ar	nd county reimbursement for
We agree that if this route crosses districted the school boards of both districts shall be					een Boards, 20-1	0-126(2) MCA, signed by
We understand route changes occurring accordance with 20-10-132, MCA.					County Transpo	rtation Committee in
I certify that this application for registratus operates on the route as approve						
Signature - Chair, Board of Trustees	<u> </u>	,		<u> </u>	Date	
A	n autatia C	mamilton Annu	o annino di te	accordance with Ocean	00 40 400 140	Α
This Application for Registration of Sc area assigned to it by the County Tran	chool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transportation C					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda					one form for ea	ach bus route that
receives state reimbursement e	even though trans	sportees of another legal 6	entity may ut	tilize the services.		Rate Per Mile
Due Date			County Sup			
All Routes	3	Octo	ober 1	October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rout	e (miles per day)		f Service Bus Route N		Rated Capacity
59-600	17		Buc B	□ Non Bus Mil Route Mileage	eage	65
Vehicle I.D. #	License #	<u> </u>	□ District		Contractor C	
				ct - If so, Name of Owner		
1241	7826			cted rate per mile		
Reimbursement Distribution- Er	nter the legal ent				paid to each dis	trict. Note: Percentages
Legal Entity	Legal En		atch budget Legal E		Legal Entit	V
0965	_0ga:	,	2090. 2		_oga: _:::::	y
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	rten nunils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
riding this route		(3,4433 1 11 3)		(0.0000		LEIGIBLE TUBERO
		a		b		С
		NUMBER		NUMBER		a + b
Regular (include eligible Preschool/liriders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	I Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)	dance					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)						
,						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee.	, ,	,		•		
We agree to supervision of this b	ous and bus route b	y the State Superintendent; to	o make such r	eports to the State Superinten	dent and County S	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice	ensed, qualified an	d approved driver to operate	such vehicle a	is required by 20-10-103, MCA		and the State
We also agree to refrain from sol We understand that violations of					holding of state a	nd county reimbursement for
this bus route.			·		· ·	•
We agree that if this route crosse the school boards of both districts sl	hall be attached to	the county superintendent's c	opy of this do	cument.		.,
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the	school year require the filing	of an amende	d TR-1 form and approval of the	e County Transpo	ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees		are demoportunon oc		ga wy the dounty file	Date	
This Application for Registration	n of School Bus a	and State Reimbursement		accordance with Section eviewed and I certify that the		
area assigned to it by the Coun Signature - Chair, County Transport		i Committee.			Date	
- 5						



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Rate Per Mile Due Dates: All Routes County Name Yellowstone Route # County Manue County Manue County Manue District Name County Manue District Name District Name District Name District Name District Name District Name Legal Entity Number District Name Vellowstone Route # Length of Route (miles per day) Type of Service Non Bus Route Mileage Non Bus Mileage Non Bus Mileage Formula District Name District Name District Name County Number District Name District Name Contractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc Contracted rate per mile
County Name County Number District Name Legal Entity Number Yellowstone Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Non Bus Mileage Bus Route Mileage Contractor Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc
Yellowstone 56 Billings Public Schools 0965 0966 Route # Length of Route (miles per day) Type of Service Bus Route Mileage Non Bus Mileage Bus Route Mileage Rated Capacity Rated Capacity Bus Route Mileage Vehicle I.D. # License # District Owned Contractor Owned
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage 65 Vehicle I.D. # License # District Owned Contractor Owned Contract - If so, Name of Owner First Student Clnc
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity Non Bus Mileage 65 Vehicle I.D. # License # District Owned Contractor Owned Contract - If so, Name of Owner First Student Cinc
67-301 17 Bus Route Mileage 65
Vehicle I.D. # License # □ District Owned Contractor Owned 2109 □ Contract - If so, Name of Owner First Student Cinc
1.7100
Contracted rate per mile
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!
Legal Entity Legal Entity Legal Entity Legal Entity
0965
% 100.00
PASSENGER INFORMATION
Relementary RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS
riding this route
a b c
NUMBER NUMBER a + b Regular (include eligible Preschool/Kindergarten
riders) 1st Wheelchair (WC)
2nd Wheelchair (WC)
Additional Wheelchairs (WC)
Non-WC IEP Lists Trans as Related Service
TOTAL ELIGIBLE RIDERS
Ineligible Public School Riders (i.e., under 3
miles OR nonresident and no attendance agreement)
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)
TOTAL RIDERS
TOTAL RIBERO
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are
required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.
We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.
Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.						nplete one form for e	each bus route that	
	_	jii ii aiispi	•				Rate Per Mile	
Due Dates All Routes			To Co Octol	ounty Supt ber 1	t To OPI October	· 15	\$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Billing	s Public Schools		0965 0966	
Route #	Length of Route (miles per day)				Service Bus Ro	oute Mileage	Rated Capacity	
21-650	17			Bus R	□ Non Bu Loute Mileage	is Mileage	65	
Vehicle I.D. #	Lic	ense #				Contractor		
4116	78	322			ct - If so, Name of Ow cted rate per mile	vner First Stude	nt Clnc ——	
Reimbursement Distribution- En	ter the le	gal entity		of state/co		o be paid to each di	strict. Note: Percentages	
Legal Entity 0965	Le	gal Entity		Legal E		Legal Ent	ity	
% 100.00		%		%		%		
PASSENGER INFORMATION		T	ELEMENTARY RIDE	RS	HIGH SCHO	OOL RIDERS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	3	(Grades PK-8)			es 9-12)	ELIGIBLE RIDERS	
			a NUMBER			b IBER	c a + b	
Regular (include eligible Preschool/k riders)	Kindergarte	n					<u> </u>	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		s)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County 1 This Application for Registration area assigned to it by the Count	of Schoo	l Bus and						
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev								one form for e	
Due Dates All Routes				Cou tober	nty Supt	t .	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number		District	Name			Legal Entity Number
Yellowstone			56			s Public S			0965 0966
Route #	Length	h of Route	e (miles per day)		Type of		☐ Bus Route Milea ☐ Non Bus Milea		Rated Capacity
41-003	17					oute Milea	age		65
Vehicle I.D. # 9917		4745					me of Owner F	Contractor (First Studer	
Reimbursement Distribution- En	nter the I	legal entit		ge of	state/co	unty reimbur		aid to each di	strict. Note: Percentages
Legal Entity	l	Legal Enti		matc	h budget Legal E			Legal Enti	ty
0965									
% 100.00		%			%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergard riding this route	ten pupi	oils	ELEMENTARY RIC (Grades PK-8)		3	HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER				b NUMBER		c a + b
Regular (include eligible Preschool/K	 Kindergar	rten	NOMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance	ders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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bus operates on the route as ap Signature - Chair, Board of Trustees	proved	by and wi	thin the transportation s	servic	e area a	ssigned by t	he County Trans	sportation Co Date	mmittee.
Signature - Chair, Board of Trustees								Date	
This Application for Registration area assigned to it by the Count	of School ty Trans	ool Bus ar sportation							
Signature - Chair, County Transporta	ation Cor	mmittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
Due Dates All Routes			To Cour October		To OPI October 15		Rate Per Mile \$0.95	
County Name		County Number		District	Name		Legal Entity Number	
Yellowstone		56			s Public Schools		0965 0966	
Route #	Length of R	oute (miles per day)		Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity	
70-600 Vehicle I.D. #	17 Licens	o #			oute Mileage	2	25	
4093	7776	c #			Owned Ct - If so, Name of Owner Ct - If so, Name of Owner Cted rate per mile	Contractor C First Studen		
Reimbursement Distribution- En	nter the legal		entage of oust match			aid to each dis	strict. Note: Percentages	
Legal Entity 0966	Legal		lust mater	Legal E		Legal Entit	у	
% 100.00	%			%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY (Grades P		;	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBE	:D		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)					NOMBER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for rebus operates on the route as ap								
Signature - Chair, Board of Trustees						Date		
County 1 This Application for Registration area assigned to it by the Count	of School Bu	s and State Reimburse			accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev					•	lete one form for		
Due Dates All Routes	:		To Cou Octobe	nty Supt	To OPI October 1	5	Rate Per Mile \$1.36	
County Name		County Number		District	Name		Legal Entity Number	
Yellowstone		56			s Public Schools		0965 0966	
Route #	Length of Ro	oute (miles per day)		Type of	Service Bus Rout Non Bus	•	Rated Capacity	
50-610	17.3				oute Mileage		65	
Vehicle I.D. #	License	2 #	_	☐ District Owned Contr ☐ Contract - If so, Name of Owner First			r Owned ent Clnc	
9913	4741			Contra	cted rate per mile			
Reimbursement Distribution- En	ter the legal e			f state/co th budget				
Legal Entity 0965	Legal E	Entity		Legal E	ntity	Legal Er	ntity	
% 100.00	%			%		%		
PASSENGER INFORMATION		EL EMENTA DV	DIDED			L DIDEBO	TOTAL	
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTARY (Grades Pl		5	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS	
		a NUMBE	:D		b NUMB		C C	
Regular (include eligible Preschool/K riders)	indergarten	NOMBE	.K		NOWID	EK	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance							
Nonpublic School Riders (ineligible)	arten nacio,							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as app						Transportation C		
Signature - Chair, Board of Trustees				_		Date		
This Application for Registration area assigned to it by the County	of School Busy Transportati	s and State Reimburser on Committee.			accordance with Sect viewed and I certify tha			
Signature - Chair, County Transporta	tion Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement eve	e with Title 20), Chapter 10, Part 1, MCA.	School dis	strict official must complete	e one form for e	ach bus route that
	ii iilougii iiaii					Rate Per Mile
Due Dates: All Routes		Octol	ounty Supt per 1	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	ength of Rou	te (miles per day)		f Service Bus Route I		Rated Capacity
43-652	17.4		Bus R	□ Non Bus Mi Route Mileage	leage	65
Vehicle I.D. #	License #	‡	□ District	t Owned	Contractor (
9919	4747			ct - If so, Name of Owner cted rate per mile	First Studer	nt Clnc ——
Reimbursement Distribution- Ente	r the legal ent		of state/co		paid to each dis	strict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Enti	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergarte	n pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>	,		,	,	
		a		b		c .
Regular (include eligible Preschool/Kin	dergarten	NUMBER		NUMBEF	₹	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Se	ervice					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendan						
agreement) (Include ineligible Preschool/Kindergar						
Nonpublic School Riders (ineligible)	ton nacrey					
TOTAL RIDERS						
We hereby certify that this bus will o	perate entirely	on the route established by the	Board of Tru	Lustees and within the transpor	tation area assign	ed and approved by the
County Transportation Committee. We We agree to supervision of this bus	further certify t	hat this bus transports pupils e	ligible for sch	nool transportation as defined	by 20-10-101, MC	CA.
required; to provide a vehicle which me Superintendent; and to provide a licens	ets the minimu	m standards as established by	the Board of	Public Education, the Montan	a Highway Patrol	
We also agree to refrain from solicit We understand that violations of the	ing or causing o	thers to solicit students from ot	her transport	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosses of			•		· ·	•
the school boards of both districts shall We understand route changes occu	l be attached to	the county superintendent's co	py of this do	cument.		
accordance with 20-10-132, MCA. I certify that this application for rec						
bus operates on the route as appr					ansportation Co	
Signature - Chair, Board of Trustees					Date	
County Tra	ansportation	Committee Approval as re	equired in	accordance with Section	n 20-10-132, MC	CA.
This Application for Registration o area assigned to it by the County	f School Bus a	and State Reimbursement h				
Signature - Chair, County Transportation					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev						one form for e	ach bus route that
Due Dates : All Routes	•	·	To C	ounty Sup			Rate Per Mile \$1.36
County Name		С	County Number	District	Name		Legal Entity Number
Yellowstone		5	6	Billing	s Public Schools		0965 0966
Route #	Length of F	Route (mi	les per day)	Type o	f Service Bus Route M Non Bus Mile	-	Rated Capacity
60-654	17.4			Bus F	Route Mileage	ayc	65
Vehicle I.D. #	Licen			☐ District	Owned of Owner	Contractor (First Studer	
9919	4747			□ Contra	cted rate per mile		
Reimbursement Distribution- Ent	er the legal	entity nu		e of state/co atch budget		paid to each dis	strict. Note: Percentages
Legal Entity 0966	Lega	l Entity		Legal E	ntity	Legal Enti	ty
% 100.00	%			%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HIGH SCHOOL R	IDERS	TOTAL
Number of Preschool/Kindergarte riding this route	en pupils		(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Ki riders)	ndergarten		NOMBER		Nomber		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda							
agreement) (Include ineligible Preschool/Kinderga	arten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
County Tr This Application for Registration of area assigned to it by the County	of School B	us and S	tate Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transportat						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.								
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.57		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		s Public Schools		0965 0966		
Route #	Length of Rout	e (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	•	Rated Capacity		
51-612	17.5		1	oute Mileage	_	71		
Vehicle I.D. # 7650	4727			ct - If so, Name of Owner	Contractor C First Studen			
Reimbursement Distribution- En		tv number and percentag		cted rate per mile unty reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity	Legal Ent	must m	natch budget Legal E	!	Legal Entit			
0966	Legal Em	nty	Legal L	muty	Legal Little	y		
% 100.00	%		%		%			
PASSENGER INFORMATION			ED 0		2500	T0711		
Number of Preschool/Kindergard riding this route	ten pupils	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
		а		р		С		
Regular (include eligible Preschool/Kindergarten				NUMBER		a + b		
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees					Date			
County T This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta					Date	_		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that
Due Dates All Routes	s:		To C	Sounty Suprobber 1			Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length	n of Route	(miles per day)	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity	
61-615	17	1			toute Mileage		71
Vehicle I.D. #		icense # 1348			Owned ct - If so, Name of Owner cted rate per mile	Contractor (First Studer	
Reimbursement Distribution- En	iter the I	egal entity			unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0965	L	_egal Entit		Legal E		Legal Entit	у
% 100.00		%		%		%	
PASSENGER INFORMATION			EL EMENTA DV DIDE		Lucu coucou p	IDEDO	TOTAL
Number of Preschool/Kindergard riding this route	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	:K5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)							ŭ 2
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	ers)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
County T This Application for Registration area assigned to it by the Count	of Scho	ool Bus and	d State Reimbursement		accordance with Section eviewed and I certify that this		
Signature - Chair, County Transporta						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan	ce with Title 20.	Chapter 10. Part 1. MCA	. School dis	strict official must complete	one form for ea	ach bus route that
receives state reimbursement ev						Rate Per Mile
Due Dates:	:		ounty Supt			
All Routes		Octo	ber 1	October 15	;	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Route	Route (miles per day)		Type of Service ☐ Bus Route Mi		Rated Capacity
41-051	18.2		Bus R	□ Non Bus Milea oute Mileage	age	71
Vehicle I.D. #	License #		□ District		Contractor C	
4204	4730			ct - If so, Name of Owner F cted rate per mile	irst Studen	t Clnc —
Reimbursement Distribution- Ent	er the legal entit		e of state/co atch budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal Enti		Legal E		Legal Entity	у
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	-
Number of Preschool/Kindergarte	en pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		(======================================		(0.0000 0	,	
		а		b		С
Regular (include eligible Preschool/Ki	ndergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related S	Service					
TOTAL ELIGIBLE RIDERS	50.11.00					
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda						
agreement) (Include ineligible Preschool/Kinderga	arten riders)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. W	e further certify the	at this bus transports pupils e	ligible for sch	ool transportation as defined by	20-10-101, MC	Α.
We agree to supervision of this bu required; to provide a vehicle which m	neets the minimum	standards as established by	the Board of	Public Education, the Montana		
Superintendent; and to provide a licer We also agree to refrain from solic	iting or causing oth	hers to solicit students from o	ther transport	ation areas.		
We understand that violations of the this bus route.			·		· ·	,
We agree that if this route crosses the school boards of both districts sha	all be attached to the	he county superintendent's co	ppy of this doo	cument.		
We understand route changes occ accordance with 20-10-132, MCA.	curring during the s	school year require the filing o	f an amende	d TR-1 form and approval of the	County Transpo	ortation Committee in
I certify that this application for rebus operates on the route as app						
Signature - Chair, Board of Trustees	· · · · · · · · · · · · · · · · · · ·	,			Date	
0	anon autatian a	Sammitta - Anno	a annina di te	accordance with Octob	20 40 420 142	Α.
This Application for Registration area assigned to it by the County	of School Bus ar	nd State Reimbursement		accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transportat					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

	receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile		
All Routes	i		Octob	per 1		October 15		\$1.57		
County Name			County Number	District N	Name			Legal Entity Number		
Yellowstone			56		s Public S			0965 0966		
Route #	Lengt	h of Route	(miles per day)	Type of		☐ Bus Route Mil		Rated Capacity		
51-602	18			Bus Ro	□ Non Bus Mileage Bus Route Mileage			71		
Vehicle I.D. #		License #			□ District Owned Contra					
4213	4	4723								
Reimbursement Distribution- En	nter the	legal entit		of state/cou		irsement to be pa	aid to each dis	trict. Note: Percentages		
Legal Entity		Legal Enti		Legal En			Legal Entit	у		
0966										
% 100.00		%		%			%			
PASSENGER INFORMATION			ELEMENTA DV DIDE	DC I	1.11	CIT CCHOOL BII	DEDC	TOTAL		
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDEI (Grades PK-8)	KS	HI	GH SCHOOL RII (Grades 9-12)		ELIGIBLE RIDERS		
riding this route										
			a			b		C		
Regular (include eligible Preschool/h	Kinderga	rten	NUMBER			NUMBER		a + b		
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)								-		
Non-WC IEP Lists Trans as Related	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e.,										
miles OR nonresident and no attend agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten rid	ders)								
TOTAL RIDERS										
TOTAL REPLIES										
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b	We furth	er certify that	at this bus transports pupils el	ligible for scho	ool transport	ation as defined by	20-10-101, MC	Α.		
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from soli	meets th ensed, q	e minimum ualified and	standards as established by approved driver to operate su	the Board of F uch vehicle as	oublic Educa required by	ition, the Montana I				
We understand that violations of this bus route.						ent cause for withho	olding of state ar	nd county reimbursement for		
We agree that if this route crosse the school boards of both districts sh			•	,		e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by		
We understand route changes or						and approval of the	County Transpo	ortation Committee in		
accordance with 20-10-132, MCA. I certify that this application for r bus operates on the route as ap										
Signature - Chair, Board of Trustees		by and wi	ami uic danaportadon ser	vioc area as	ongried by	and Oddinly Frank	Date	minuco.		
County 1 This Application for Registration area assigned to it by the Count	of Sch	ool Bus ar								
Signature - Chair, County Transporta							Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ev						one form for e	ach bus route that
Due Dates All Routes	•	·	To C	ounty Sup ber 1			Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		s Public Schools		0965 0966
Route #	Length of	ngth of Route (miles per day)			f Service □ Bus Route M □ Non Bus Mile	-	Rated Capacity
60-652	18.6	3.6			Route Mileage	age	71
Vehicle I.D. #	Lice	ense #		□ District	Owned oct - If so, Name of Owner	Contractor (
4205	473	33			cted rate per mile	riisi Siudei	——————————————————————————————————————
Reimbursement Distribution- Ent	ter the lega	al entity		of state/co		aid to each dis	strict. Note: Percentages
Legal Entity 0965	Leg	gal Entity		Legal E		Legal Enti	ty
% 31.00	(% 69.	.00	%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	.DC	HIGH SCHOOL R	IDEBS	TOTAL
Number of Preschool/Kindergarteriding this route	en pupils		(Grades PK-8)	:K3	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)			NOMBLIC		NOWIDER		a + b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda							
agreement) (Include ineligible Preschool/Kinderga)					
Nonpublic School Riders (ineligible)	,						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration	of School	Bus and	d State Reimbursement		accordance with Section eviewed and I certify that thi		
area assigned to it by the County Signature - Chair, County Transporta			oniniillee.			Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e			110 101111 101 00	D. (D. M.)				
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes	i		Octol	ber 1		October 15	:	\$1.57
County Name			County Number	District N	Name			Legal Entity Number
Yellowstone			56		Public S			0965 0966
Route #	Lengt	th of Rout	e (miles per day)	Type of S		Bus Route Mile		Rated Capacity
32-600	18			Bus Ro	□ Non Bus Mile Bus Route Mileage			71
Vehicle I.D. #		License #		□ District 0	Owned	C	ontractor C	
2423		7783			t - If so, Nar ted rate per	me of Owner F mile	irst Studen	t Clnc —
Reimbursement Distribution- En	nter the	legal enti		of state/cou		sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity		Legal En		Legal En			Legal Entity	у
0966								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	D0 1	1116	NI COLLOGI DI	2500	TOTAL
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDE (Grades PK-8)	RS	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			a			b		C
Regular (include eligible Preschool/k	 Kinderga	arten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service)						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,								
miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ric	ders)						
TOTAL RIDERS								
We hereby certify that this bus wi County Transportation Committee.								
We agree to supervision of this b required; to provide a vehicle which	meets th	ne minimun	n standards as established by	the Board of F	ublic Educati	ion, the Montana H		
Superintendent; and to provide a lice We also agree to refrain from soli	iciting or	r causing o	thers to solicit students from ot	ther transporta	ation areas.		lding of state or	ad accepts raimburaamant for
We understand that violations of this bus route.				•			•	•
We agree that if this route crosse the school boards of both districts sh	nall be a	ttached to	he county superintendent's co	py of this docu	ument.	J	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
We understand route changes of accordance with 20-10-132, MCA.	curring	during the	school year require the filing of	r an amended	TR-1 form ar	nd approval of the	County Transpo	ortation Committee in
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees	3						Date	
County 1	Fransp	ortation (Committee Approval as re	equired in a	ccordance	with Section 2	0-10-132, MC	Α.
This Application for Registration area assigned to it by the Count	of Sch ty Trans	nool Bus a sportation	nd State Reimbursement h					
Signature - Chair, County Transporta	ation Co	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					ete one form for e	each bus route that
	-					Rate Per Mile
Due Date All Routes		To Co Octo	ounty Supt ber 1	t To OPI October 15		\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	te (miles per day)		f Service Bus Route		Rated Capacity
54-654	18		Bus R	□ Non Bus N Route Mileage	/lileage	71
Vehicle I.D. #				t Owned	Contractor	Owned
1745	7784			ct - If so, Name of Owne cted rate per mile	r First Studer	nt Clnc —
Reimbursement Distribution- E	nter the legal ent		of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal Er		Legal E		Legal Enti	ity
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		а		b	_	С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	:R	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice	We further certify to bus and bus route to meets the minimulensed, qualified ar	hat this bus transports pupils e by the State Superintendent; to m standards as established by ad approved driver to operate si	ligible for sch make such r the Board of uch vehicle a	nool transportation as define eports to the State Superint Public Education, the Monta is required by 20-10-103, Mo	d by 20-10-101, Mo endent and County ana Highway Patrol	CA. Superintendent as are
We also agree to refrain from so We understand that violations of this bus route.					ithholding of state a	and county reimbursement for
We agree that if this route crossor the school boards of both districts s We understand route changes o	hall be attached to	the county superintendent's co	py of this do	cument.		
accordance with 20-10-132, MCA. I certify that this application for						
bus operates on the route as a	oproved by and v				ransportation Co	
Signature - Chair, Board of Trustees	5				Date	
This Application for Registration	n of School Bus					
area assigned to it by the Coun Signature - Chair, County Transport		n Committee.		-	Date	
Signature Shair, County Halispon	Gasin Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						ete one form for e	each bus route that	
Due Dates All Routes	•	·	To C	ounty Sup ber 1			Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	e # Length of Route (miles per day)			Type o	f Service □ Bus Route □ Non Bus N	-	Rated Capacity	
03-302 18.9				Bus F	Route Mileage		65	
Vehicle I.D. # 3414	Vehicle I.D. # License # 4748				t Owned act - If so, Name of Owne acted rate per mile	Contractor r First Stude		
Reimbursement Distribution- Ent	ter the legal	entity r		e of state/co	ounty reimbursement to b	e paid to each di	strict. Note: Percentages	
Legal Entity	Lega	I Entity	must m	atch budge Legal E		Legal Ent	ity	
0965								
% 100.00	%			%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergart riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS	
			а		b NUMBE	·D	C	
Regular (include eligible Preschool/K	indergarten		NUMBER		NOIVIBE	.r.	a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration area assigned to it by the County	of School E y Transport	Bus and ation Co	State Reimbursement		accordance with Section eviewed and I certify that	this bus operate		
Signature - Chair, County Transporta	ition Committ	ee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even		,			•			
Due Dates: All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
	Length of Route (miles per day)			Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity	
60-607 19					Route Mileage		18	
Vehicle I.D. # License # 8553 4619					t Owned oct - If so, Name of Owner I octed rate per mile	Contractor C First Studen		
Reimbursement Distribution- Enter	er the lega	l entity		e of state/co	ounty reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0966	Lega	al Entity		atch budge Legal E		Legal Entit	у	
% 100.00	9,	6		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kirriders)	ndergarten		NOMBLIX		NOWIDER		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar agreement) (Include ineligible Preschool/Kinderga	nce							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as app Signature - Chair, Board of Trustees								
Signature - Chair, board of Trustees						Date		
This Application for Registration of area assigned to it by the County	of School E Transport	Bus and tation C	d State Reimbursement		accordance with Section as eviewed and I certify that this			
Signature - Chair, County Transportat	tion Commit	tee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					te one form for e	each bus route that
						Rate Per Mile
Due Date All Routes		To C Octo	ounty Supt ber 1	t To OPI October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Billing	s Public Schools		0965 0966
Route #	Length of Rou	ite (miles per day)		f Service Bus Route		Rated Capacity
61-614	19		Bus R	□ Non Bus N Route Mileage	lileage	65
Vehicle I.D. #				t Owned	Contractor	Owned
4114	-			act - If so, Name of Owner acted rate per mile	First Stude	nt Clnc
Reimbursement Distribution- En	nter the legal en		of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal E		Legal E		Legal Enti	ty
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION	70		70		70	
Number of Preschool/Kinderga	rten nunile	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
riding this route	Titeri pupiis	(Glades FK-0)		(Grades 9	-12)	LLIGIBLE RIDERS
		a		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBE	R	a + b
riders)	Kindergarten					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)						
agreement) (Include ineligible Preschool/Kinder						
Nonpublic School Riders (ineligible))					
TOTAL RIDERS						
We hereby certify that this bus w	vill operate entirely	on the route established by the	Board of Tru	ustees and within the transpo	rtation area assign	led and approved by the
County Transportation Committee. We agree to supervision of this b						
required; to provide a vehicle which Superintendent; and to provide a lic	meets the minimu	im standards as established by	the Board of	Public Education, the Monta	na Highway Patrol	
We also agree to refrain from so We understand that violations of	liciting or causing	others to solicit students from o	ther transpor	tation areas.		and county reimbursement for
this bus route. We agree that if this route crosse			•			,
the school boards of both districts s We understand route changes o accordance with 20-10-132, MCA.	hall be attached to	the county superintendent's co	py of this do	cument.		
I certify that this application for						
bus operates on the route as a Signature - Chair, Board of Trustees		within the transportation se	vice area a	assigned by the County H	Date Date	mmuee.
County This Application for Registration area assigned to it by the Coun	n of School Bus					
Signature - Chair, County Transport		Committee.			Date	
					1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,			•			
Due Dates All Routes	3 :			ounty Sup	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length of Route (miles per day)			Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity	
17-656 19				1	toute Mileage		65	
9845	Vehicle I.D. # License # 4603				: Owned Ct - If so, Name of Owner Coted rate per mile	Contractor C First Studen		
Reimbursement Distribution- Ent	ter the le	egal entity		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0965	Le	egal Entity		atch budge Legal E		Legal Entit	у	
% 100.00		%		%		%		
PASSENGER INFORMATION	_						_	
Number of Preschool/Kindergart riding this route	ten pupils	s	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/K riders)	Cindergarte	en	NOMBER		NOMBER		a i b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as app Signature - Chair, Board of Trustees	proved b							
						Date		
This Application for Registration area assigned to it by the County	of School y Transp	ol Bus and portation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Com	mittee		_		Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e							D. (D. Mil	
Due Dates	s:		To Co	ounty Supt		То ОРІ		Rate Per Mile
All Routes	i		Octob	per 1		October 15	:	\$1.57
County Name			County Number	District N	lame			Legal Entity Number
Yellowstone			56		Public S			0965 0966
Route #	Lengtl	h of Route	(miles per day)	Type of S		Bus Route Mile		Rated Capacity
41-002	19			Bus Ro	□ Non Bus Mile Bus Route Mileage			71
Vehicle I.D. #	L	License #		□ District (Owned	C	ontractor C	
4210	7	7752			t - If so, Na ted rate per	me of Owner F mile	irst Studen	t Clnc
Reimbursement Distribution- En	nter the	legal entity		of state/cou	nty reimbur	sement to be pa	id to each dis	trict. Note: Percentages
Legal Entity	1	Legal Enti		Legal En	tity		Legal Entity	у
0965								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDEI	DC	1116	NI COLIOOL DI)EDC	TOTAL
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDEI (Grades PK-8)	KS	HIG	GH SCHOOL RII (Grades 9-12)		ELIGIBLE RIDERS
riding this route								
			а			р		C
Regular (include eligible Preschool/h	Kinderga	rten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement)		1						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten rid	iers)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee.								
We agree to supervision of this b required; to provide a vehicle which	meets th	ie minimum	standards as established by t	the Board of P	ublic Educat	ion, the Montana H		
Superintendent; and to provide a lice We also agree to refrain from soli	iciting or	causing oth	ners to solicit students from ot	her transporta	ition areas.			
We understand that violations of this bus route.	the laws,	, rules or re	gulations governing school tra	insportation w	ill be sufficier	nt cause for withho	olding of state ar	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sh			•	,		e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.						nd approval of the	County Transpo	ortation Committee in
I certify that this application for rous operates on the route as ap								
Signature - Chair, Board of Trustees	•	,	p - 1333-133		<u> </u>	,	Date	
		4 .4						
This Application for Registration area assigned to it by the Count	of Sch	ool Bus ar						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev						one form for e	ach bus route that	
Due Dates : All Routes	:			ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		s Public Schools		0965 0966	
Route #	Length of Route (miles per day)			Type of	f Service Bus Route M Non Bus Mile		Rated Capacity	
60-650	19.2			Bus F	Route Mileage	-	65	
Vehicle I.D. #	Vehicle I.D. # License #			□ District	t Owned lct - If so, Name of Owner	Contractor (
1244	7848	3			icted rate per mile			
Reimbursement Distribution- Ent	er the legal	entity		e of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity	Lega	I Entity	,	Legal E		Legal Entit	ty	
0966		09	165					
% 56.00	%	44.0	00	%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	DC	HIGH SCHOOL R	IDEDE	TOTAL	
Number of Preschool/Kindergarte riding this route	en pupils		(Grades PK-8)	:KS	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Ki riders)	indergarten		NOMBER		NONBER		u + 5	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	ince							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration	of School B	us and	State Reimbursement		accordance with Section eviewed and I certify that thi			
area assigned to it by the County Signature - Chair, County Transportat			онишиее.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	e 20, Chapter 10, Part	1, MCA. S	School dis	strict official	must complete c	ne form for e	ach bus route that
		ransportees of another	_					Rate Per Mile
Due Dates All Routes			Octobe	nty Supt r 1		To OPI October 15		\$1.57
County Name		County Numbe	r	District	Name			Legal Entity Number
Yellowstone		56		Billings Public Schools				0965 0966
Route #	Length of F	Route (miles per day)		Type of Service ☐ Bus Route Mil				Rated Capacity
70-603	19.2			Bus R	oute Mile	□ Non Bus Milea age	ige	71
Vehicle I.D. #	Licen	se#		District	Owned	C	ontractor (
4201	E42	9			ct - If so, Na cted rate pe	me of Owner Frmile	irst Studer	nt Clnc
Reimbursement Distribution- En	iter the legal		centage of must mate			rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity	must mate	Legal E			Legal Enti	ty
0966								
% 100.00	%			%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pupils	ELEMENTAR (Grades		3	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		,	,			,		
		a				b		C .
Regular (include eligible Preschool/h	Kindergarten	NUMB	BER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)	jaiteii liueis)							
TOTAL RIDERS								
We hereby certify that this bus wi	Il onerate enti	rely on the route establishe	ed by the Ro	nard of Tru	stees and wit	hin the transportati	on area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further cer us and bus ro	tify that this bus transports ute by the State Superinter	s pupils eligi ndent; to ma	ible for sch ake such re	ool transporta	ation as defined by State Superintende	20-10-101, MC nt and County	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	citing or causi	ng others to solicit student	ts from othe	er transport	ation areas.		olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse	s district lines	and transports students fr	om outside	the district	t, a copy of the	e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shade we understand route changes of accordance with 20-10-132, MCA.						nd approval of the	County Transp	ortation Committee in
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees				u			Date	
							0.40.400 ===	
This Application for Registration area assigned to it by the Count	of School B							
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

receives state reimbursement e	ven though	ransp	ortees of another legal e	ntity may u	tilize the serv	ices.		Rate Per Mile
Due Date All Routes				ounty Sup ber 1	t	To OPI October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Billing	ıs Public S	chools		0965 0966
Route #	Length of Route (miles per day)				f Service	Bus Route Mil		Rated Capacity
03-301	19.3			Rue F	□ Non Bus Mile Bus Route Mileage			71
Vehicle I.D. #	Licen	se#			t Owned		Contractor C	
4091	4091 7769				ict - If so, Nar icted rate per	me of Owner F	irst Studer	t Clnc
Reimbursement Distribution- En	nter the legal	entity		of state/co		sement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0965	Lega	l Entit		Legal E			Legal Entit	У
% 100.00	%)		%			%	
PASSENGER INFORMATION		,						_
Number of Preschool/Kindergal riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/riders)	Kindergarten		HOMBER			HOMBER		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)								
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in								
accordance with 20-10-132, MCA. I certify that this application for bus operates on the route as application.	0						,	9
Signature - Chair, Board of Trustees		nu Will	iii uic uansportation se	VICE AIEA	issigned by ti	ic County Trans	Date	minutes.
	Funnar t - 1			1 '		with Ocation of	0.40.400.220	•
This Application for Registration area assigned to it by the Coun	n of School E ty Transport	Bus and					bus operates	
Signature - Chair, County Transport	ation Committ	ee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement even								
Due Dates: All Routes	:		To Cou	inty Supt er 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number		District	Name		Legal Entity Number	
Yellowstone		56			s Public Schools		0965 0966	
Route #	Length of Route (miles per day)			Type of	Service Bus Route M Non Bus Mile		Rated Capacity	
				Bus R	oute Mileage	Ü	71	
Vehicle I.D. #	License	÷#		□ District□ Contra	Owned ct - If so, Name of Owner	Contractor (First Studer		
4208	7777			□ Contra	cted rate per mile			
Reimbursement Distribution- Enter	er the legal e			f state/co ch budget		aid to each dis	strict. Note: Percentages	
Legal Entity 0965	Legal E	Entity		Legal E	ntity	Legal Entit	у	
% 100.00	%			%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY (Grades Pl		S	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		а	·D		Ь		C	
Regular (include eligible Preschool/Ki	ndergarten	NUMBE	.K		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement)	nce							
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	internitiders)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	proved by and	ı witnin the transportati	on servi	ce area a	ssigned by the County Trai	Date Date	mmtee.	
This Application for Registration of area assigned to it by the County	of School Bus Transportati	s and State Reimburser on Committee.			accordance with Section viewed and I certify that thi			
Signature - Chair, County Transportat	tion Committee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement ev		ansportees of another legal e			D 4 D 44"	
Due Dates	s:	To C	County Supt	To OPI		Rate Per Mile
All Routes		Octo	ober 1	October	15	\$1.57
County Name		County Number	District Na	me		Legal Entity Number
Yellowstone		56		Public Schools		0965 0966
Route #	Length of R	oute (miles per day)	Type of Se	ervice 🗆 Bus Ro		Rated Capacity
03-051	19.4		Bus Rou	□ Non Bus Ite Mileage	s ivilleage	71
Vehicle I.D. #	Licens	e #	□ District Ov			or Owned
4203	4750			If so, Name of Ow d rate per mile	ner First Stu	dent Clnc
Reimbursement Distribution- En	ter the legal o		e of state/count atch budget!	ty reimbursement to	be paid to eac	h district. Note: Percentages
Legal Entity	Legal		Legal Entit	у	Legal	Entity
0965						
% 100.00	%		%		%	
PASSENGER INFORMATION		ELEMENTA DV DIDE	-D0	111011 00110	OL DIDEDO	TOTAL
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	=RS	HIGH SCHO (Grade:		TOTAL ELIGIBLE RIDERS
riding this route						
		a NUMBER		b NUM		C
Regular (include eligible Preschool/K	(indergarten	NOWBER		NOW	DER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda						
agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)					
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee.						
We agree to supervision of this be required; to provide a vehicle which is Superintendent; and to provide a line	meets the minir	num standards as established by	the Board of Pul	blic Education, the Mo	ntana Highway Pa	
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of the	citing or causin	g others to solicit students from o	other transportation	on areas.		ate and county reimbursement for
this bus route. We agree that if this route crosse			·		· ·	,
the school boards of both districts sh We understand route changes oc	all be attached	to the county superintendent's c	opy of this docum	nent.		, , , , , , , , , , , , , , , , , , , ,
accordance with 20-10-132, MCA. I certify that this application for r						
bus operates on the route as ap Signature - Chair, Board of Trustees		u within the transportation se	ivice area assi	gned by the County	Date	i Committee.
County T This Application for Registration area assigned to it by the Count	of School Bu					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e		,			•		
Due Date All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		vood Elementary		0967
Route #	Leng	th of Route	(miles per day)	Type o	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity
5 (7am)	18			Bus F	Route Mileage		71
Vehicle I.D. # 1507		License # 4601			t Owned (oct - If so, Name of Owner octed rate per mile	Contractor C	Owned
Reimbursement Distribution- Er	nter the	e legal entity	y number and percentag			aid to each dis	strict. Note: Percentages
Legal Entity		Legal Entit		natch budget Legal E		Legal Entit	v
0967		5	•	9	,		,
% 100.00		%		%		%	
PASSENGER INFORMATION		70		70		70	
Number of Preschool/Kindergal riding this route	rten pu	pils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderg	arten	NOMBER		NOMBER		a · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service	е					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	dance						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in							
 accordance with 20-10-132, MCA. I certify that this application for bus operates on the route as application. 							
Signature - Chair, Board of Trustees		a by and will	a are adrioportation se	1100 0100 6	assigned by the county fram	Date	
County	Tranco	ortation C	ommittee Approval so	roquired in	accordance with Section 2	20_10_132 MC	•^
This Application for Registration area assigned to it by the Coun	n of Scl ty Tran	hool Bus an sportation (nd State Reimbursement			bus operates	
Signature - Chair, County Transport	ation Co	ommittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services.								3110 101111 101 0	D. (D. M.)	
Due Dates	s:			То Со	unty Supt		То ОРІ		Rate Per Mile	
All Routes	i			Octob	er 1		October 15		\$1.57	
County Name			County No	ımber	District I	Name			Legal Entity Number	
Yellowstone			56			ood Eler			0967	
Route #	Leng	gth of Ro	oute (miles per d	ay)	Type of	Service	☐ Bus Route Mi		Rated Capacity	
8 (7am)	21.	1			Bus R	oute Mile	□ Non Bus Mile eage	age	71	
Vehicle I.D. #		License	; #		□ District	Owned	(Contractor (
2217		7782				ct - If so, N cted rate p	ame of Owner I er mile	First Studer	nt Clnc —	
Reimbursement Distribution- Er	nter the	e legal e	ntity number and		of state/cou		ursement to be p	aid to each di	strict. Note: Percentages	
Legal Entity		Legal E	Entity	maot mat	Legal Er			Legal Enti	ty	
0967										
% 100.00		%			%			%		
PASSENGER INFORMATION			FLEMEN	ITADY DIDE	20		1011 0011001 D	DEDO	TOTAL	
Number of Preschool/Kindergar	ten pu	ıpils		ITARY RIDEF ades PK-8)	3	п	IGH SCHOOL RI Grades 9-12)		ELIGIBLE RIDERS	
riding this route										
			N	a UMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/k	Kinderg	arten		OWIDER			NOWIDER		a + b	
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Servic	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3								
agreement)										
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten r	iders)								
TOTAL RIDERS										
We hereby certify that this bus will County Transportation Committee.										
We agree to supervision of this b required; to provide a vehicle which	meets t	the minim	ium standards as	established by th	he Board of I	Public Educ	ation, the Montana			
Superintendent; and to provide a lice We also agree to refrain from sol	iciting c	or causing	others to solicit st	udents from oth	ner transport	ation areas.	•	alata a falata a		
We understand that violations of this bus route.				· ·	•			J	•	
We agree that if this route crosse the school boards of both districts sh	nall be a	attached t	to the county supe	rintendent's cop	y of this doc	ument.	Ü	,	() , , ,	
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this application for rule bus operates on the route as ap										
Signature - Chair, Board of Trustees	3							Date		
County 1	Transp	oortatio	n Committee A	oproval as re	quired in a	accordanc	ce with Section 2	1 20-10-132, MC	CA.	
This Application for Registration area assigned to it by the Count	of Sc ty Trar	hool Bus	s and State Rein on Committee.							
Signature - Chair, County Transporta	ation C	ommittee					<u>-</u>	Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	ach bus route that
Due Date All Routes				o Coui October	nty Supt	To OPI October 15		Rate Per Mile \$1.15
County Name			County Number		District	Name		Legal Entity Number
Yellowstone			56	Lockwood Elementary				0967
Route #	Leng	Length of Route (miles per day)		Type of Service ☐ Bus Route Mi ☐ Non Bus Mile				Rated Capacity
1 (8am)	20				Bus R	toute Mileage		54
Vehicle I.D. #		License #			District	: Owned ct - If so, Name of Owner	Contractor	Owned
2306		4235				cted rate per mile		
Reimbursement Distribution- Er	nter the	e legal entity			state/co		paid to each di	strict. Note: Percentages
Legal Entity		Legal Enti		t mater	Legal E		Legal Enti	ty
0967								
% 100.00		%			%		%	
PASSENGER INFORMATION				IDEDO		THE LECTION I	DIDEDE	TOTAL
Number of Preschool/Kindergal riding this route	rten pu	pils	ELEMENTARY RI (Grades PK-)	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER	ı	c a+b
Regular (include eligible Preschool/liriders)	Kinderga	arten	NOMBER			NOMBER	•	u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	l Service	Э						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	dance							
Nonpublic School Riders (ineligible)		40.07						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees							Date	
County This Application for Registration						accordance with Section eviewed and I certify that the		
area assigned to it by the Coun Signature - Chair, County Transport	-	•	Committee.				Date	
							1	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement evaluations.							
Due Dates All Routes			County Suprober 1	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		ood Elementary		0967	
Route #	Length of Route (miles per day)		Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity	
3 (8am)	20		1	oute Mileage		71	
Vehicle I.D. #	7781	Ŧ		Owned (ct - If so, Name of Owner i cted rate per mile	Contractor C First Studen		
Reimbursement Distribution- En	iter the legal ent		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity 0967	Legal En		Legal E		Legal Entit	У	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/k riders)	Kindergarten	NOMBER		NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance						
TOTAL RIDERS							
TOTAL RIBERO							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County T This Application for Registration area assigned to it by the Count	of School Bus a	and State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services.							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Due Dates	s:		To Co	unty Supt		To OPI		Rate Per Mile	
All Routes			Octob	er 1		October 15		\$1.57	
County Name			County Number	District I	Name			Legal Entity Number	
Yellowstone			56		ood Elen		0967		
Route #	Length o	f Route	(miles per day)	Type of		☐ Bus Route Mil		Rated Capacity	
3 (7am)	23.4	4		Bus R	☐ Non Bus Milea Bus Route Mileage		ige	71	
Vehicle I.D. #	Lice	ense #		□ District			Contractor C		
2135	778	81			ct - If so, Na cted rate pe	ame of Owner Fer mile	rirst Studen	t Clnc —	
Reimbursement Distribution- En	iter the leg	al entity		of state/cou		ursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Leg	gal Entity		Legal Er			Legal Entit	у	
0967									
% 100.00		%		%			%		
PASSENGER INFORMATION				20	111	CLL CCLLOOL DI	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDER (Grades PK-8)	10	ПІ	GH SCHOOL RII (Grades 9-12)		ELIGIBLE RIDERS	
			a			b		c	
Regular (include eligible Preschool/k	——— Kindergarten	1	NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
, ,	0								
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap	proved by						sportation Cor		
Signature - Chair, Board of Trustees	· 						Date		
County 1 This Application for Registration area assigned to it by the Count	of School	Bus and							
Signature - Chair, County Transporta	ation Comm	ittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title receives state reimbursement even though tra	20, Chapter 10, Part 1, MCA.	School dis	strict official must complete	one form for ea	ach bus route that
Due Dates:	-	ounty Supt			Rate Per Mile
All Routes	Octob		October 15		\$1.36
County Name	County Number	District	Name		Legal Entity Number
Yellowstone	56	Lockw	ood Elementary		0967
	oute (miles per day)		Service Bus Route Mi		
9 (7am) 16.2		Bus R	□ Non Bus Mile. oute Mileage	age	65
Vehicle I.D. # Licens	e #	□ District	Owned (Contractor C	
2132 7760			ct - If so, Name of Owner cted rate per mile	First Studen	it Clnc —
Reimbursement Distribution- Enter the legal e		of state/co		aid to each dis	trict. Note: Percentages
Legal Entity Legal		Legal E		Legal Entit	у
0967					
% 100.00 %		%		%	
PASSENGER INFORMATION	ELEMENTA DV DIDE		Lugu gauga pi		
Number of Preschool/Kindergarten pupils	ELEMENTARY RIDEF (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route			·		
	a		р		C
Regular (include eligible Preschool/Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance					
agreement) (Include ineligible Preschool/Kindergarten riders)					
Nonpublic School Riders (ineligible)					
TOTAL RIDERS					
We hereby certify that this bus will operate entire	ly on the route established by the	Board of Tru	I stees and within the transportat	ion area assigne	ed and approved by the
County Transportation Committee. We further certifully We agree to supervision of this bus and bus rout	y that this bus transports pupils el	igible for sch	ool transportation as defined by	20-10-101, MC	Α.
required; to provide a vehicle which meets the minir Superintendent; and to provide a licensed, qualified	num standards as established by t	he Board of	Public Education, the Montana		
We also agree to refrain from soliciting or causin We understand that violations of the laws, rules or	g others to solicit students from otl	her transport	ation areas.	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosses district lines a		·		· ·	•
the school boards of both districts shall be attached We understand route changes occurring during t accordance with 20-10-132, MCA.	to the county superintendent's cor	by of this doo	cument.		
I certify that this application for registration of					
bus operates on the route as approved by and Signature - Chair, Board of Trustees	a within the transportation ser	vice died d	solution by the County Iran	Date Date	minuce.
County Transportation This Application for Registration of School Bu area assigned to it by the County Transportat					
Signature - Chair, County Transportation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					one form for e	ach bus route that	
						Rate Per Mile	
Due Date All Routes		Octo	ounty Supt ber 1	t To OPI October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Lockw	vood Elementary		0967	
Route #	Length of Rou	ite (miles per day)		f Service Bus Route N		Rated Capacity	
9 (8am)	34		Bus R	□ Non Bus Mil Route Mileage	eage	65	
Vehicle I.D. #	License	#	□ District	t Owned	Contractor (
2132	7760			Contract - If so, Name of Owner First Student CInc Contracted rate per mile			
Reimbursement Distribution- En	nter the legal en		of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity	Legal E		Legal E		Legal Enti	ty	
0967							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
riding this route	<u> </u>	,		,	,		
		a		b		C .	
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinder							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	vill operate entirely	on the route established by the	Board of Tru	ustees and within the transport	ation area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice	We further certify ous and bus route meets the minimu	that this bus transports pupils e by the State Superintendent; to m standards as established by	ligible for sch make such r the Board of	nool transportation as defined to reports to the State Superinten Public Education, the Montana	by 20-10-101, MC dent and County a Highway Patrol	A. Superintendent as are	
We also agree to refrain from so We understand that violations of this bus route.					holding of state a	nd county reimbursement for	
We agree that if this route crosss the school boards of both districts s We understand route changes o accordance with 20-10-132, MCA.	hall be attached to	the county superintendent's co	py of this do	cument.			
I certify that this application for bus operates on the route as application.							
Signature - Chair, Board of Trustees		within the transportation set	vice aled a	loosynica by the County ITa	Date	Timilities.	
·							
County This Application for Registration area assigned to it by the Coun	n of School Bus						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement even					one form for ea	ach bus route that	
Due Dates: All Routes	·		ounty Supt	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Lockw	ood Elementary		0967	
Route #	ength of Rout	te (miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity	
\ /	1.2		Bus R	oute Mileage		71	
Vehicle I.D. #	License #	ŧ	□ District	Owned (ct - If so, Name of Owner	Contractor C		
4101	7770			cted rate per mile	TISI Siddel		
Reimbursement Distribution- Enter	the legal ent		e of state/co atch budget		aid to each dis	trict. Note: Percentages	
Legal Entity 0967	Legal En		Legal E		Legal Entit	у	
0907							
% 100.00	%		%		%		
PASSENGER INFORMATION		ELEMENTARY RIDE	-DC	HIGH SCHOOL R	DEDC	TOTAL	
Number of Preschool/Kindergarten riding this route	pupils	(Grades PK-8)	:KS	(Grades 9-12		ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kind riders)	lergarten	NONDER		NOMBER		a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Ser	rvice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendanc agreement) (Include ineligible Preschool/Kindergarte Nonpublic School Riders (ineligible)	e						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration of	School Bus a	and State Reimbursement		accordance with Section a			
area assigned to it by the County T Signature - Chair, County Transportation		Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Date: All Routes	ven though tran s:	sportees of another legal e		ilize the services.		Rate Per Mile	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Lockw	ood Elementary		0967	
Route #	Length of Rou	te (miles per day)		Service Bus Rout		Rated Capacity	
2 (7am)	26.4	6.4		□ Non Bus Milea Bus Route Mileage		65	
Vehicle I.D. #	License	icense #				Owned	
2206	4617			ct - If so, Name of Owne cted rate per mile	er First Stude	ent Cinc	
Reimbursement Distribution- Er	nter the legal en		e of state/co atch budget		be paid to each d	listrict. Note: Percentages	
Legal Entity	Legal Er		Legal E		Legal En	tity	
0967							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	:RS	HIGH SCHOO (Grades		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMB	ER	c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten						
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderon Nonpublic School Riders (ineligible)	ance garten riders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees					Date		
County This Application for Registration area assigned to it by the County	of School Bus		-				
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordan receives state reimbursement ev				•			
Due Dates : All Routes	:		County Sup	t To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		vood Elementary		0967	
Route #	Length of Route (miles per day)		Type o	f Service Bus Route Mi Non Bus Mile		Rated Capacity	
- (/	26.4		Bus F	Route Mileage	ŭ	71	
Vehicle I.D. #	License	: #	☐ Distric	t Owned (lct - If so, Name of Owner F	Contractor C First Studen		
4101	7770		□ Contra	cted rate per mile			
Reimbursement Distribution- Ent	er the legal e		age of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity 0967	Legal E		Legal E		Legal Entity	у	
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kindergarte riding this route	en pupils	ELEMENTARY RI (Grades PK-8		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Ki riders)	ndergarten	NOWBER		NOMBER		a + b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., u miles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	nce						
Nonpublic School Riders (ineligible)	arteri fiders)						
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the							
bus operates on the route as app Signature - Chair, Board of Trustees	proved by and	within the transportation	service area a	assigned by the County Tran	sportation Cor	nmittee.	
This Application for Registration area assigned to it by the County	of School Bus Transportati	s and State Reimburseme on Committee.		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transportat	tion Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.							
Due Dates: All Routes	-		ounty Sup	t To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Lockw	vood Elementary		0967	
Route #	ength of Rou	ute (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
'	25.4		Bus R	Coute Mileage	age	71	
Vehicle I.D. #	License	#	□ District		Contractor (
4100	7817			ct - If so, Name of Owner I cted rate per mile	First Studer	it Cinc —	
Reimbursement Distribution- Enter	r the legal en		e of state/co atch budget		aid to each dis	strict. Note: Percentages	
Legal Entity 0967	Legal Er		Legal E		Legal Entit	ty	
% 100.00	%		%		%		
PASSENGER INFORMATION		EL EMENTARY RIPS	-D0	LIIOU OOLIOOL DI	IDEDO	TOTAL	
Number of Preschool/Kindergarter riding this route	n pupils	ELEMENTARY RIDE (Grades PK-8)	:KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kind	dergarten	NOMBER		NOMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendant							
agreement) (Include ineligible Preschool/Kindergart	ten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration of	f School Bus	and State Reimbursement		accordance with Section accidental accidenta			
area assigned to it by the County Signature - Chair, County Transportation		in Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1, MC	A. School di	strict official must complete	one form for ea	ach bus route that
Due Dates			County Sup			Rate Per Mile
All Routes			tober 1	October 15		\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Lockw	vood Elementary		0967
Route #	Length of F	Route (miles per day)		Type of Service ☐ Bus Route Mi		Rated Capacity
4 (8am)	26		Bus R	□ Non Bus Mile Route Mileage	age	65
Vehicle I.D. #	Licens	se #	□ District	t Owned (Contractor C	
2197	4610)		ct - If so, Name of Owner loted rate per mile	First Studen	t Clnc
Reimbursement Distribution- En	iter the legal		ge of state/co match budget		aid to each dis	trict. Note: Percentages
Legal Entity	Legal	Entity	Legal E		Legal Entity	у
0967						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		, ,	•	,	•	
		a		b		C
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER		a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend						
agreement) (Include ineligible Preschool/Kinderg						
Nonpublic School Riders (ineligible)	arten nuers)					
TOTAL RIDERS						
We hereby certify that this bus wi	Il operate entir	ely on the route established by t	the Board of Tru	istees and within the transports	tion area assigne	ed and approved by the
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further cert us and bus rou	ify that this bus transports pupils te by the State Superintendent;	s eligible for sch to make such r	nool transportation as defined by eports to the State Superintend	y 20-10-101, MC/ ent and County S	A. Superintendent as are
Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of	citing or causi	ng others to solicit students from	other transpor	tation areas.	olding of state ar	nd county reimbursement for
this bus route. We agree that if this route crosse			•		J	Ţ
the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	all be attached	d to the county superintendent's	copy of this do	cument.		
I certify that this application for r bus operates on the route as ap						
Signature - Chair, Board of Trustees		ia maini die dansportation s	JOI VIOC GICG G	congrict by the County Har	Date	
		_				-
County 1 This Application for Registration area assigned to it by the Count	of School B					
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

					crioor rear 20	00 Z00+	
This form is required in accorda receives state reimbursement e						complete one form for	r each bus route that Rate Per Mile
Due Dates All Routes				ounty Sup		PPI Ober 15	\$1.15
							1
County Name			County Number	District	Name		Legal Entity Number
Yellowstone Route #	I on oth of [Douto.	56		vood Elementa		0967
		Route	(miles per day)	Type of	FService □ Bus □ Nor	s Route Mileage n Bus Mileage	Rated Capacity
1se (8:30am)	41.9				toute Mileage		54
Vehicle I.D. #	Licen			☐ District☐ Contra	: Owned ct - If so, Name o	Contracto FOwner	r Owned
2306	423	5			cted rate per mile		
Reimbursement Distribution- Er	nter the legal	entity		e of state/co atch budget		ent to be paid to each	district. Note: Percentages
Legal Entity	Lega	I Entity		Legal E		Legal E	ntity
0967							
% 100.00	%			%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		CHOOL RIDERS rades 9-12)	TOTAL ELIGIBLE RIDERS
			a			b	С
Regular (include eligible Preschool/l	Kindergarten		NUMBER		<u> </u>	NUMBER	a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS	T OCT VICE						
Ineligible Public School Riders (i.e.,							
miles OR nonresident and no attend agreement)	lance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b	We further cer	tify that ute by t	t this bus transports pupils e the State Superintendent; to	eligible for sch o make such r	nool transportation a eports to the State S	s defined by 20-10-101, l Superintendent and Coun	MCA. ty Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of	ensed, qualifie iciting or causi	d and a	approved driver to operate sers to solicit students from c	such vehicle a other transpor	s required by 20-10 tation areas.	-103, MCA.	
this bus route. We agree that if this route crosse			•	•		· ·	•
the school boards of both districts sl We understand route changes or accordance with 20-10-132, MCA.	hall be attache	d to the	e county superintendent's co	opy of this do	cument.		
I certify that this application for							
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							
	_				_		
This Application for Registration area assigned to it by the Country	of School B	us and					
Signature - Chair, County Transport						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					e one form for e	ach bus route that	
	-					Rate Per Mile	
Due Date All Routes		Octo	ounty Supt ber 1	t To OPI October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Lockw	vood Elementary		0967	
Route #	Length of Rout	te (miles per day)		f Service Bus Route		Rated Capacity	
2 (8am)	25.1		Bus R	□ Non Bus Mi Route Mileage	leage	age 65	
Vehicle I.D. #	License #	ŧ	□ District	t Owned	Contractor (
2206			ct - If so, Name of Owner cted rate per mile	First Studer	nt Clnc		
Reimbursement Distribution- En	nter the legal ent		of state/co		paid to each dis	strict. Note: Percentages	
Legal Entity	Legal En		Legal E		Legal Enti	ty	
0967							
% 100.00	%		%		%		
PASSENGER INFORMATION							
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
riding this route	<u> </u>	,		,	,		
		a		b		C .	
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER	₹	a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinder							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill operate entirely i	on the route established by the	Board of Tru	ustees and within the transpor	tation area assign	ed and approved by the	
County Transportation Committee. We agree to supervision of this to required; to provide a vehicle which Superintendent; and to provide a lice.	We further certify to bus and bus route bus meets the minimur	hat this bus transports pupils e by the State Superintendent; to m standards as established by	ligible for sch make such r the Board of	nool transportation as defined reports to the State Superinter Public Education, the Montar	by 20-10-101, MC ndent and County na Highway Patrol	A. Superintendent as are	
We also agree to refrain from so We understand that violations of this bus route.					hholding of state a	and county reimbursement for	
We agree that if this route crosss the school boards of both districts s We understand route changes o accordance with 20-10-132, MCA.	hall be attached to	the county superintendent's co	py of this do	cument.			
I certify that this application for bus operates on the route as application.							
Signature - Chair, Board of Trustees		Maini die dansportation sei	יוטט מוכמ מ	looigned by the County III	Date	minitoo.	
·							
County This Application for Registration area assigned to it by the County	n of School Bus a						
Signature - Chair, County Transport					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for e	ach bus route that
Due Date : All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		vood Elementary		0967
Route #	Length o	of Route (miles per day)	Type of	f Service Bus Route N Non Bus Mil		Rated Capacity
5 (8am)	25			Bus R	Route Mileage	Ü	71
Vehicle I.D. # License #				□ District	t Owned lct - If so, Name of Owner	Contractor (Owned
1507 4601					cted rate per mile		
Reimbursement Distribution- Enter the legal entity number and pe				e of state/co		paid to each dis	strict. Note: Percentages
Legal Entity Legal Entity				Legal E		Legal Entit	у
0967							
% 100.00 %				%		%	
PASSENGER INFORMATION			ELEMENTARY RIDI	EDC	HIGH SCHOOL F	DIDEDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	LNO	(Grades 9-1		ELIGIBLE RIDERS
			a NUMBER		b NUMBEF		c a + b
Regular (include eligible Preschool/liriders)	Kindergarter	n	NOMBER		NOMBER	•	u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	lance	s)					
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees	3					Date	
County This Application for Registration area assigned to it by the County	of School	I Bus and	State Reimbursement		accordance with Section eviewed and I certify that the		
Signature - Chair, County Transport	ation Comm	nittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex		,			•	one form for e	
Due Dates All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.57
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		vood Elementary		0967
Route #	Length of	of Route (miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile	-	Rated Capacity
8 (8am)	24			1 .	toute Mileage	J	71
Vehicle I.D. # License # 2217 7782					: Owned ct - If so, Name of Owner cted rate per mile	Contractor (First Studer	
Reimbursement Distribution- Enter the legal entity number an				e of state/co	unty reimbursement to be p	paid to each dis	strict. Note: Percentages
Legal Entity 0967	Le	egal Entity		Legal E		Legal Entit	ty
% 100.00		%		%		%	
PASSENGER INFORMATION	-	,,					
Number of Preschool/Kindergart riding this route	ten pupils	5	ELEMENTARY RIDI (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/K riders)	Kindergarte	en	NOWIDER		NOWBER		a i b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderg	ance	rs)					
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by contaction Committee in
I certify that this application for rebus operates on the route as ap							
Signature - Chair, Board of Trustees						Date	
County T This Application for Registration area assigned to it by the County	of Schoo	ol Bus and	State Reimbursement		accordance with Section eviewed and I certify that this		
Signature - Chair, County Transporta	ation Comn	mittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							e one form for e	each bus route that
Due Date All Routes				o Cou Octobe	nty Supt r 1	To OPI October 15		Rate Per Mile \$1.15
County Name			County Number		District	Name		Legal Entity Number
Yellowstone			56			ood Elementary		0967
Route #	Leng	th of Route	(miles per day)		Type of	Service □ Bus Route □ Non Bus Mi		Rated Capacity
1 (7am)	24				Bus R	toute Mileage		54
Vehicle I.D. # License #					District	: Owned ct - If so, Name of Owner	Contractor	Owned
2306 4235						cted rate per mile		
Reimbursement Distribution- Enter the legal entity number and					f state/co h budget		paid to each di	strict. Note: Percentages
Legal Entity	Legal Enti		t mate	Legal E		Legal Ent	ity	
0967								
% 100.00 %					%		%	
PASSENGER INFORMATION				IDED		HICH SCHOOL	DIDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY RI (Grades PK-		>	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderg	arten	NOMBER			HOMBE	•	u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		,		10	u	g	Date	
0	Fuer		amanaithe a Amanana		ushua el le	and and an activity Oc. 11	- 00 40 400 -	0.4
This Application for Registration area assigned to it by the Count	of Scl ty Tran	hool Bus ar sportation	nd State Reimburseme			accordance with Section eviewed and I certify that t	his bus operate	
Signature - Chair, County Transport	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement of					one form for ea	ach bus route that	
	-					Rate Per Mile	
Due Date All Routes			ounty Supt ber 1	t To OPI October 15		\$1.36	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Lockw	vood Elementary		0967	
Route #	Length of Ro	ute (miles per day)		f Service Bus Route M		Rated Capacity	
4 (7am)	35		Bus R	□ Non Bus Mile Route Mileage	eage	65	
Vehicle I.D. #	/ehicle I.D. # License #			•	Contractor C	Dwned	
2197	4610			ct - If so, Name of Owner cted rate per mile	First Studer	t Clnc	
Reimbursement Distribution- E	nter the legal er		e of state/co atch budget		aid to each dis	strict. Note: Percentages	
Legal Entity	Legal E		Legal E		Legal Entit	у	
0967							
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route		(814488 1 11 8)		(5/4455 5 //	-,	ELIGIBLE HIBERTO	
		a		b		С	
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
, ,	10						
Non-WC IEP Lists Trans as Related	a Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)							
agreement) (Include ineligible Preschool/Kinder							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus w	ill aparata antirah	y on the route established by the	Doord of Tru	unto an and within the transports	tion area conign	and approved by the	
County Transportation Committee.	We further certify	that this bus transports pupils e	eligible for sch	nool transportation as defined by	y 20-10-101, MC	A. ,	
We agree to supervision of this to required; to provide a vehicle which	meets the minim	um standards as established by	the Board of	Public Education, the Montana	Highway Patrol		
Superintendent; and to provide a lic We also agree to refrain from so	liciting or causing	others to solicit students from o	ther transpor	tation areas.			
We understand that violations of this bus route.	the laws, rules or	r regulations governing school tr	ansportation	will be sufficient cause for withh	nolding of state a	nd county reimbursement for	
We agree that if this route cross the school boards of both districts s					een Boards, 20-	10-126(2) MCA, signed by	
We understand route changes o accordance with 20-10-132, MCA.	ccurring during th	e school year require the filing of	of an amende	d TR-1 form and approval of the	e County Transpo	ortation Committee in	
I certify that this application for bus operates on the route as a							
Signature - Chair, Board of Trustee:		within the transportation se	I VICE AIEA A	issigned by the County ITal	Date	mmuce.	
County This Application for Registration		Committee Approval as and State Reimbursement					
area assigned to it by the Coun	ity Transportation		5001116		· ·		
Signature - Chair, County Transport	tation Committee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordanc receives state reimbursement eve					one form for e	ach bus route that	
Due Dates: All Routes	•		ounty Sup	To OPI October 15		Rate Per Mile \$1.57	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56	Lockw	ood Elementary		0967	
Route #	ength of Rou	te (miles per day)	Type of	Service Bus Route Mi Non Bus Mile	-	Rated Capacity	
'	19.2		Bus R	oute Mileage	age	71	
Vehicle I.D. # License # 4100 7817			□ District		Contractor (
4100			ct - If so, Name of Owner I cted rate per mile	-irst Studer	it Cinc —		
Reimbursement Distribution- Ente		e of state/co atch budget		aid to each dis	strict. Note: Percentages		
Legal Entity 0967	Legal Er		Legal E		Legal Entit	ty	
0307							
% 100.00	%		%		%		
PASSENGER INFORMATION	ELEMENTA DV DIDE	-DO	LIIOU OOLIOOL DI	DEDO	TOTAL		
Number of Preschool/Kindergarter riding this route	n pupils	ELEMENTARY RIDE (Grades PK-8)	:KS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kin	NOWBER		NOMBER		a + b		
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Se	ervice						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., und miles OR nonresident and no attendant							
agreement) (Include ineligible Preschool/Kindergari	ten riders)						
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees							
This Application for Registration of	f School Bus	and State Reimbursement		accordance with Section a eviewed and I certify that this			
area assigned to it by the County Signature - Chair, County Transportation		n Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that
receives state reimbursement e	ven tnou	ugn transpo	ortees of another legal e	ntity may u	ilize the servic	ces.		Rate Per Mile
Due Date				ounty Sup		Го ОРІ		
All Routes	3		Octo	ber 1	(October 15		\$1.36
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Cany	on Creek E	lementary		0969
Route #	te # Length of Route (miles per day)			Type o		Bus Route Mile		Rated Capacity
cc2a	35			Bus F	Route Milea	Non Bus Milea ae	ge	65
Vehicle I.D. #	L	icense #		□ Distric		•	ontractor (Dwned
2205	4	1616			ct - If so, Nam cted rate per			
Reimbursement Distribution- Er	nter the le	egal entity				ement to be pa	id to each dis	strict. Note: Percentages
Legal Entity		_egal Entity		atch budge Legal E			Legal Entit	V
0969		Legal Entity	,	Legai L	inity		Legal Little	У
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTA DV DIDE	.DC	LIICI	LCCHOOL DIE	EDC	TOTAL
Number of Preschool/Kindergar	rten pupil	ils	ELEMENTARY RIDE (Grades PK-8)	:K5	HIGH	H SCHOOL RIE (Grades 9-12)	JEKS	TOTAL ELIGIBLE RIDERS
riding this route	<u> </u>		,			,		
			a			b		С
Regular (include eligible Preschool/l	Kindergart	ten	NUMBER			NUMBER		a + b
riders)	randergan	ton						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement)		>						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		eis)						
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b	We furthe	er certify that	this bus transports pupils e	ligible for scl	nool transportati	on as defined by 2	20-10-101, MC	A. ,
required; to provide a vehicle which Superintendent; and to provide a lice	meets the ensed, qu	e minimum s alified and a	standards as established by approved driver to operate s	the Board of uch vehicle a	Public Educations required by 20	on, the Montana H	,	•
We also agree to refrain from sol We understand that violations of this bus route.						cause for withho	ding of state a	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sl						agreement betwe	en Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.						d approval of the 0	County Transpo	ortation Committee in
I certify that this application for	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees Date								
This Application for Registration	n of Scho	ool Bus and						
area assigned to it by the Coun Signature - Chair, County Transport			ommuee.				Date	
, ,		-						



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							ne form for e	
Due Date All Routes				County Su tober 1	ipt	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	Distri	ct Name			Legal Entity Number
Yellowstone			56		yon Creek E			0969
Route #	Leng	gth of Rout	e (miles per day)	Туре		Bus Route Mil Non Bus Milea		Rated Capacity
cc2b	35			Bus	Route Milea		.90	65
Vehicle I.D. #		License #			ict Owned ract - If so, Nar		Contractor (Owned
2205		4616		□ Conf	racted rate per	mile		
Reimbursement Distribution- E	nter the	e legal enti		ge of state/ match budg		sement to be pa	id to each dis	strict. Note: Percentages
Legal Entity 0969		Legal Ent			Entity		Legal Entit	ty
0909								
% 100.00		%		%			%	
PASSENGER INFORMATION			ELEMENTARY RIC)EDC	LIIC	H SCHOOL RII)EDC	TOTAL
Number of Preschool/Kinderga riding this route	rten pu	ıpils	(Grades PK-8)		nig	(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/ riders)	Kinderg	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Servic	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement)	dance							
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)		iders)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement fo this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.							A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by	
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees		<i>,</i>			5 ,		Date	
This Application for Registration	n of Sc	hool Bus a						
area assigned to it by the Coun Signature - Chair, County Transport	-		Committee.				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Dates	ven tho		oortees of another le	egal entity To Cou	y may utilize the nty Supt	services.	one form for e	Rate Per Mile
All Routes				October	· 1	October 15		\$1.36
County Name			County Number		District Name			Legal Entity Number
Yellowstone			56		Canyon Cre	ek Elementary		0969
Route #	Lengt	th of Route	(miles per day)		Type of Service	e □ Bus Route Mi	0	Rated Capacity
cc1	65				Bus Route N	□ Non Bus Mile ⁄Iileaαe	age	65
Vehicle I.D. #		License #			District Owned	(Contractor (Dwned
2203 4614						o, Name of Owner e per mile		
Reimbursement Distribution- Er	nter the	legal entity			state/county rein		aid to each dis	strict. Note: Percentages
Legal Entity		Legal Enti		ust match	n budget! Legal Entity		Legal Entit	ty I
0969		J	•		,			,
% 100.00		%			%		%	
PASSENGER INFORMATION			EL EMENTADY	DIDEDO	.	HIGH SCHOOL D	IDEDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pup	oils	ELEMENTARY (Grades Ph			HIGH SCHOOL RI (Grades 9-12		ELIGIBLE RIDERS
			a NUMBEF	R		b NUMBER		c a+b
Regular (include eligible Preschool/hriders)	Kinderga	arten		<u> </u>				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	;						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	janen no	uers)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees	i						Date	
This Application for Registration area assigned to it by the Count	of Sch ty Trans	nool Bus ar sportation					s bus operates	
Signature - Chair, County Transport	ation Co	mmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ince wit	th Title 20,	Chapter 10, Part 1, MCA	. School d	istrict official	must complete o	ne form for e	ach bus route that
receives state reimbursement e	ven the	ough transp	ortees of another legal e	ntity may u	tilize the serv	vices.		Rate Per Mile
Due Date: All Routes				ounty Sup	t	To OPI October 15		\$1.57
							-	
County Name			County Number	Distric	Name			Legal Entity Number
Yellowstone			56		Canyon Creek Elementary			0969
Route #	Leng	th of Route	(miles per day)	Туре с		☐ Bus Route Milea☐ Non Bus Milea		Rated Capacity
cc3	67			Bus F	Route Mile	age		71
Vehicle I.D. #		License #		☐ Distric		C nme of Owner	ontractor (Owned
3707		5074			acted rate pe			
Reimbursement Distribution- Er	nter the	legal entity		e of state/co		rsement to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal Entit		Legal E			Legal Enti	ty
0969								
% 100.00		%		%			%	
PASSENGER INFORMATION		70		70			70	
Number of Preschool/Kindergar	ten nur	nils	ELEMENTARY RIDE (Grades PK-8)	RS	HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		Silis	(Grades 1 14-0)			(Oraccs 5-12)		LEIGIBLE RIBERG
			a			b		С
Regular (include eligible Preschool/I	Kinderga	arten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
, ,								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderd	arten ri	ders)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w	ill operat	te entirely on	the route established by the	Board of Tr	ustees and wit	thin the transportati	on area assign	ed and approved by the
County Transportation Committee. We agree to supervision of this b	We furth	ner certify tha	at this bus transports pupils of	eligible for so	hool transporta	ation as defined by	20-10-101, MC	A.
required; to provide a vehicle which Superintendent; and to provide a lice	meets th	he minimum :	standards as established by	the Board o	f Public Educat	tion, the Montana H	,	•
We also agree to refrain from sol	iciting of	r causing oth	ers to solicit students from c	ther transpo	rtation areas.		lding of state o	and accepts reimburgement for
We understand that violations of this bus route.								
We agree that if this route crosse the school boards of both districts sl	hall be a	ttached to the	e county superintendent's co	opy of this do	cument.	•		
We understand route changes of accordance with 20-10-132, MCA.								
	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.							
Signature - Chair, Board of Trustees Date								
	T						0.40.400 511	>A
This Application for Registration	of Sch	nool Bus an						
area assigned to it by the Coun Signature - Chair, County Transport			Committee.			I	Date	
Signature Shair, County Transport							2010	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement events.								one form for e	ach bus route that
Due Dates All Routes	s:	·	To		nty Supt		To OPI October 15		Rate Per Mile \$1.57
County Name			County Number		District	Name			Legal Entity Number
Yellowstone Route #	Length of	Route	56 (miles per day)			Public Service	Schools Bus Route Mil	eage	0970 0971 Rated Capacity
46	64.9				Rus R	oute Mil	☐ Non Bus Milea	age	72
Vehicle I.D. #		nse #			District	Owned		istrict Owr	ned
8129 98						ct - If so, N cted rate p	Name of Owner per mile		
Reimbursement Distribution- Enter the legal entity number and p					state/co		oursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity			/		Legal E			Legal Enti	ty
% 75.00 % 25.00			.00		%			%	
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)		5	F	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER			c a+b
Regular (include eligible Preschool/kriders)	Kindergarten		HOMBER				HOMBER		u · b
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)								
TOTAL RIDERS									
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bus operates on the route as ap	proved by a							sportation Co	
Signature - Chair, Board of Trustees								Date	
County T This Application for Registration area assigned to it by the Count	of School E	Bus and							
Signature - Chair, County Transporta	ation Commit	tee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

			0, Chapter 10, Part 1					one form for e	ach bus route that
receives state rein		though tran	sportees of another I	Ü	, ,				Rate Per Mile
	Due Dates: All Routes			Octobe	unty Supt er 1	•	To OPI October 15		\$1.57
County Name			County Number		District	Name			Legal Entity Number
Yellowstone			56		Laure	l Public Sc	chools		0970 0971
Route #	Le	ength of Rou	ite (miles per day)		Type of		Bus Route Mil		Rated Capacity
43	48	8.2			□ Non Bus Mileage Bus Route Mileage			age	72
Vehicle I.D. #		License	#	□ District Owned District Owned					ed
0325		1404				cted rate per			
Reimbursement D			of state/co		sement to be pa	aid to each dis	strict. Note: Percentages		
Legal Entity		Legal E	ntity	iust mat	Legal E			Legal Entit	у
0970	0971								
% 75.00		25.00		%			%		
PASSENGER INF	ORMATION								
Number of Presch riding this route	ool/Kindergarten _l	pupils	ELEMENTARY (Grades F		RS	HIG	Grades 9-12		TOTAL ELIGIBLE RIDERS
		-	а			Ь			С
Regular (include elig	ible Preschool/Kinde	NUMBER NUI			NUMBER		a + b		
riders) 1st Wheelchair (WC))								
2nd Wheelchair (WC	·)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	rans as Related Serv	vice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pro									
Nonpublic School Ric		,							
TOTAL RIDERS									
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This Application to			Committee Approv						
area assigned to it	t by the County Tr	ransportatio		onient Na	as neen fe	viewed and I	r cerury mat this		within the transportation
Signature - Chair, Co	ounty Transportation	Committee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e		,			•				
Due Dates All Routes				ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		l Public Schools		0970 0971		
Route #	Length of	Route	(miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile:	-	Rated Capacity		
49-3noon	53.9			•	toute Mileage	ŭ	47		
Vehicle I.D. # 6258	173	nse # 9			: Owned E ct - If so, Name of Owner cted rate per mile	District Own	ed		
Reimbursement Distribution- En	iter the lega	l entity		of state/co	unty reimbursement to be pa	aid to each dis	trict. Note: Percentages		
Legal Entity 0970	Lega	al Entity		atch budget Legal E		Legal Entit	У		
% 100.00	6		%		%				
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/k	Kindergarten								
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	jarten nders)								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees		ALICA VVILL	are adhoportation se		co.g.iou of the county itali	Date			
County	Franchorta	tion Co	nmmittee Annroyal as r	enuired in	accordance with Section 2	20-10-132 MC	Δ		
This Application for Registration area assigned to it by the Count	of School I ty Transpor	Bus and tation C	d State Reimbursement			s bus operates			
Signature - Chair, County Transporta	ation Commit	tee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

I his form is required in accordate receives state reimbursement e	ven th			r legal enti	ty may utilize		te one torm to	Rate Per Mile \$1.57
County Name			County Numbe	er	District Nam	е		Legal Entity Number
Yellowstone			56		Laurel Pu	blic Schools		0970 0971
Route #	Leng	gth of Rou	te (miles per day)		Type of Sen	/ice □ Bus Route		Rated Capacity
44	44				Bus Route	□ Non Bus M e Mileage	lileage	72
Vehicle I.D. #		License	#		District Owr		District Ov	wned
8191 220						so, Name of Owner rate per mile	ſ	
Reimbursement Distribution- Er	nter the	e legal en			f state/county		e paid to each	district. Note: Percentages
Legal Entity		Legal E		must mate	ch budget! Legal Entity		Legal E	ntity
0970		Ů	0971		,			ŕ
% 75.00		%	25.00		%		%	
PASSENGER INFORMATION							DIRECT	
Number of Preschool/Kindergar riding this route	ten pu	ıpils	ELEMENTAR (Grades		S	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
			a NUME			b NUMBER		c a+b
Regular (include eligible Preschool/l riders)	Kinderg	jarten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Servic	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinder	lance garten r							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as ap Signature - Chair, Board of Trustees	prove							
orginature orian, board or musices							Dute	
County This Application for Registration area assigned to it by the Coun	of Sc	hool Bus	and State Reimburs			ordance with Section and I certify that		
Signature - Chair, County Transport	,						Date	



Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

Combined School District Application for Registration of School Bus & State Reimbursement

1 copy State Supt. 1 copy County Supt.

1 copy School District Helena, MT 59620-2501 School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** All Routes October 1 October 15 \$0.95 Legal Entity Number County Name County Number District Name Yellowstone Laurel Public Schools 0970 0971 56 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 49-5pm 47 44.7 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1739 6258 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0970 % % % % 100.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the

County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.

We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.

We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by

the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee	Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that	
Due Dates All Routes				County Sup ober 1	ot To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number	Distric	t Name		Legal Entity Number	
Yellowstone			56		el Public Schools		0970 0971	
Route #	Length	of Route	(miles per day)	Туре с	of Service □ Bus Route Mi □ Non Bus Mile	-	Rated Capacity	
39	43.7			Bus F	Route Mileage		71	
Vehicle I.D. #	Lic	cense #		□ Distric	t Owned [act - If so, Name of Owner	District Own	ed	
8766	40			acted rate per mile				
Reimbursement Distribution- En	egal entity		ge of state/conatch budge		aid to each dis	trict. Note: Percentages		
Legal Entity	Le	egal Entity	1	Legal E		Legal Entit	у	
0970		US	971					
% 75.00	% 25.	00	%		%			
PASSENGER INFORMATION			ELEMENTARY RID	EDC	HIGH SCHOOL RI	DEDC	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	s	(Grades PK-8)	EKS	(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/k riders)	Cindergarte	en	NOMBER		NOWIDER		a · b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten rider	rs)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees						Date		
County T This Application for Registration area assigned to it by the Count	of School	ol Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transporta	ation Comr	mittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				chapter 10, Part 1, MC/ ortees of another legal				one form for e		
	Due Dates:			То	County Su	pt	То ОРІ		Rate Per Mile	
	All Routes			Oct	tober 1		October 15		\$1.57	
County Name				County Number	Distri	ct Name			Legal Entity Number	
Yellowstone				56	Laui	el Public	Schools		0970 0971	
Route #		Length of R	Route (miles per day)	Type of Service ☐ Bus Route Mil				Rated Capacity	
47		40			Bus	Route Mi	□ Non Bus Milea leage	age	78	
Vehicle I.D. # License #						ct Owned		District Own	ied	
9988			ract - If so, l racted rate	Name of Owner per mile						
Reimbursement Distribution- Enter the legal entity number and percentage							bursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal	Entity	1	natch budg Legal	Entity		Legal Entit	ty	
0970			09	71						
% 75.00 % 25.00								%		
PASSENGER INFORMATION									_	
Number of Preschoriding this route	ool/Kindergarte	n pupils		ELEMENTARY RID (Grades PK-8)		1	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a				b		C .	
Regular (include eligible Preschool/Kindergarten				NUMBER NUME			NUMBER		a + b	
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC))									
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related S	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pre										
Nonpublic School Rid	lers (ineligible)	iteri fiders)								
TOTAL RIDERS										
				he route established by the this bus transports pupils						
We agree to super	rvision of this bus	and bus rou	ite by th	ne State Superintendent; tandards as established b	to make suc	reports to th	ne State Superintende	ent and County	Superintendent as are	
Superintendent; and t	to provide a licen	sed, qualified	d and a	pproved driver to operate rs to solicit students from	such vehicle	as required	by 20-10-103, MCA.	ingilway i alion	and the otate	
								olding of state a	nd county reimbursement for	
We agree that if th				nsports students from out county superintendent's o			the agreement between	een Boards, 20-	10-126(2) MCA, signed by	
	ute changes occi			ool year require the filing			n and approval of the	County Transpo	ortation Committee in	
I certify that this ap	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date										
This Application for area assigned to it	r Registration o	of School Bu	us and						CA. s within the transportation	
Signature - Chair, Co				-				Date	_	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ach bus route that
Due Date All Routes				County Supt ober 1	To OPI October 15		\$1.36
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56	Laure	Public Schools		0970 0971
Route #	Length	of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile	_	Rated Capacity
48	40			Bus R	oute Mileage		66
Vehicle I.D.# License #				□ District	Owned Council	District Own	ed
1653 758				□ Contra	cted rate per mile		
Reimbursement Distribution- Enter the legal entity number and pe				e of state/co		aid to each dis	strict. Note: Percentages
Legal Entity	L	egal Entity	1	Legal E		Legal Entit	у
0970 0971							
% 75.00	00	%		%			
PASSENGER INFORMATION			ELEMENTARY RID	EDC	HIGH SCHOOL RI	DEDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pupil	ls	(Grades PK-8)	LKS	(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kindergart	ten	NOMBER		HOMBER		4 5
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ers)					
TOTAL RIDERS							
We have he said that this has	:11		4bto	- Deard of Tru			
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes of accordance with 20-10-132, MCA.	We further ous and but meets the ensed, qua- diciting or c the laws, r es district li hall be atta	r certify that is route by the minimum sealified and a causing other rules or regulates and tracked to the	this bus transports pupils he State Superintendent; that tandards as established pipproved driver to operate ers to solicit students from ulations governing school to a sports students from outs a county superintendent's county superintendent superintendent superintendent superintendent superintendent superintendent superintendent superinte	eligible for schoon make such ry the Board of such vehicle a other transportation side the districtopy of this do	tool transportation as defined by eports to the State Superintende Public Education, the Montana s required by 20-10-103, MCA tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument.	v 20-10-101, MC ent and County S Highway Patrol a olding of state a een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		by and with	iii iiie iiansportation se	ervice area a	ssigned by the County Tran	Date Date	millee.
0	Tuene	whatla O -	monitto a Aramanal	no acciona d to	accordance with Coatlant	20.40.422.850	· A
This Application for Registration area assigned to it by the Count	n of Schoot ty Transp	ool Bus and portation C	d State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates	
Signature - Chair, County Transport	ation Com	nmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							plete one fo	orm for ea	ach bus route that
Due Dates		ag., aaop	· ·		nty Supt				Rate Per Mile
All Routes				ctobe		October	15		\$1.36
County Name			County Number		District	Name			Legal Entity Number
Yellowstone			56		Laurel	Public Schools			0970 0971
Route #	Lengtl	h of Route	(miles per day)			Service Bus Ro	ute Mileage	;	Rated Capacity
42	35.2				☐ Non Bus Mile Bus Route Mileage			age 66	
Vehicle I.D. #	L	_icense #	e# District Owned				ict Own	ed	
4159	7	704				ct - If so, Name of Ow cted rate per mile	ner		
Reimbursement Distribution- En	iter the	legal entity	entity number and percentage of state/county reimbursement to be must match budget!					each dis	trict. Note: Percentages
Legal Entity 0970	I	Legal Entit			Legal E		Le	egal Entit	у
0970		971							
% 75.00	% 25	.00		%			%		
PASSENGER INFORMATION		ELEMENTARY RI	IDED	2	HIGH SCHO	OI DIDED	9	TOTAL	
Number of Preschool/Kindergar riding this route	ten pup	ils	(Grades PK-8		•		s 9-12)	5	ELIGIBLE RIDERS
			a NUMBER			k NUM			c a+b
Regular (include eligible Preschool/h	Kinderga	rten	NOWBER			NOIV	IDLK		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	arten rid	lers)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursem this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signethe school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees									A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
This Application for Registration	of Sch	ool Bus an							
area assigned to it by the Count Signature - Chair, County Transporta			Jonimillee.				Date	e	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordance	e with Title	20, C	Chapter 10, Part 1, MCA	. School d	istrict official	must complete of	one form for ea	ach bus route that
	bursement ever			ortees of another legal e	ntity may ι	tilize the ser	vices.		Rate Per Mile
	Due Dates: All Routes				ounty Sup ber 1	t	To OPI October 15		\$0.95
County Name				County Number	Distric	Name			Legal Entity Number
Yellowstone				56	Laure	el Public S	chools		0970 0971
Route #	L	ength of R	oute (miles per day)	Type o		☐ Bus Route Mil☐ Non Bus Milea		Rated Capacity
45	3	37.7			Bus Route Mileage			age	45
Vehicle I.D. #		Licens	e #		☐ District Owned Dis☐ Contract - If so, Name of Owner				ed
6912		1486				acted rate pe			
Reimbursement Di	stribution- Enter	r the legal o	entity		e of state/c atch budge		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Legal		1	Legal I			Legal Entit	ry .
0970			09)71 					
% 75.00		%	25.0	00	%			%	
PASSENGER INFORMATION				EL EMENTA DV DIDE	-DO	1		DEDO	TOTAL
Number of Preschoriding this route	ool/Kindergarter	n pupils		ELEMENTARY RIDE (Grades PK-8)	:K5	HIV	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER			C C
Regular (include eligible Preschool/Kindergarten			NOWIDER				NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchair	rs (WC)								
Non-WC IEP Lists Tra	ans as Related Se	ervice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresident									
agreement) (Include ineligible Pre									
Nonpublic School Rid	ers (ineligible)								
TOTAL RIDERS									
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oignature - Chair, But	ard or Trustees							Date	
This Application for area assigned to it	Registration of	School Bu	ıs and						CA. swithin the transportation
Signature - Chair, Co	<u> </u>							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							one form for e	ach bus route that
Due Dates All Routes				County Su	ıpt	To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	Distri	ct Name			Legal Entity Number
Yellowstone			56		rel Public S			0970 0971
Route #	Length of	Route ((miles per day)	Туре		□ Bus Route Mil□ Non Bus Milea	-	Rated Capacity
1	36.4			Bus	Route Mile	eage		66
Vehicle I.D. #	Lice	nse#			rict Owned	E ame of Owner	istrict Own	ed
9272			tracted rate pe					
Reimbursement Distribution- En	ter the lega	al entity		ge of state/ natch budg		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Leg	al Entity	1		Entity		Legal Entit	ty
0970	US	971						
% 75.00	9,	% 25.	00	%			%	
PASSENGER INFORMATION	ELEMENTARY RID	EDC	Т	GH SCHOOL RII	DEBS	TOTAL		
Number of Preschool/Kindergard riding this route	ten pupils		(Grades PK-8)	EKS		(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/K	Kindergarten		NOWBER			NOWBER		аты
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., t miles OR nonresident and no attenda agreement)	ance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)							
TOTAL RIDERS								
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This Application for Registration area assigned to it by the Count	of School	Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							
Due Date All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		l Public Schools		0970 0971
Route #	Lengt	h of Route	(miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity
49-2noon	37	License #		T '	Route Mileage		47
Vehicle I.D. # 6258					t Owned [ct - If so, Name of Owner cted rate per mile	District Own	ed
Reimbursement Distribution- Er	nter the	legal entity		ge of state/co	ounty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0970		Legal Entit		natch budget Legal E		Legal Entit	У
% 100.00	%		%		%		
PASSENGER INFORMATION	T		-	111011 0011001 51	- IDEDC	TOTAL	
Number of Preschool/Kindergal riding this route	rten pup	oils	ELEMENTARY RID (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kinderga	irten				u 2	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	l Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	dance garten rid	ders)					
TOTAL RIDERS							
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Signature - Chair, Board of Trustees	•					Date	
County This Application for Registration area assigned to it by the Coun	n of Sch	ool Bus an	d State Reimbursemen		accordance with Section action action action action actions and I certify that this		
Signature - Chair, County Transport	ation Co	mmittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	each bus route that
Due Date All Routes				o Cou Octobe	nty Supt	t To OPI October 15		Rate Per Mile \$0.95
County Name			County Number		District	Name		Legal Entity Number
Yellowstone			56			l Public Schools		0970 0971
Route #	Leng	th of Route	e (miles per day)		Type of	f Service Bus Route M Non Bus Mile	-	Rated Capacity
49 am	27				Bus R	Route Mileage		47
Vehicle I.D. # License # 6258 1739						ct - If so, Name of Owner	District Owr	ned
Reimbursement Distribution- Er		y number and percent	age of		cted rate per mile	paid to each di	strict. Note: Percentages	
Legal Entity	Legal Enti		t matc	h budget Legal E		Legal Enti	tv	
0970	9	-9		9	,		-,	
% 100.00			%		%			
PASSENGER INFORMATION			,,,		70			
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY RI (Grades PK-		3	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NI IMPED		b NUMBER			c a + b	
Regular (include eligible Preschool/liriders)	Kinderg	arten	NUMBER NUM			NOWBER		a · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance							
Nonpublic School Riders (ineligible)		iders)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		. Dy aria Wi	are transportation	. 551 VIC	o area a	Solginous y the county Ital	Date	
	F					day W 0 2	00.40.400.75	~4
This Application for Registration area assigned to it by the Count	of Scl ty Tran	hool Bus ar sportation	nd State Reimburseme			accordance with Section eviewed and I certify that the	s bus operate	
Signature - Chair, County Transport	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordar	nce with Tit	le 20, (Chapter 10, Part 1, MCA	A. School di	strict official n	nust complete o	one form for ea	ach bus route that	
		ven though		ortees of another legal e	entity may u	tilize the servi			Rate Per Mile	
	All Routes).			county Sup ober 1		October 15		\$0.95	
County Name				County Number	District	Name			Legal Entity Number	
Yellowstone				56	Laure	l Public Sc	hools		0970 0971	
Route #		Length of	Route	(miles per day)	Type o		Bus Route Mil Non Bus Milea	•	Rated Capacity	
49-4noon		3.4			Bus F	Route Milea	ge	47		
Vehicle I.D. #		Lice	nse#		☐ Distric	District Own	ed			
6258 1739				□ Contra	cted rate per	mile				
Reimbursement D	istribution- En	ter the lega	l entity		e of state/co		sement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entit				Legal E			Legal Entit	у		
0970								_		
% 100.00 %				%			%			
PASSENGER INFORMATION ELEM				ELEMENTARY RIDE	-DC	ШС	H SCHOOL RI	DEBC	TOTAL	
Number of Preschool/Kindergarten pupils riding this route			(Grades PK-8)	=K5	HIG	(Grades 9-12		ELIGIBLE RIDERS		
	a NUMBER			b NUMBER				C		
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC	()									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists To	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr										
Nonpublic School Ri	ders (ineligible)	·								
TOTAL RIDERS										
County Transportation We agree to super required; to provide a	on Committee. Vervision of this buar vehicle which r	We further ce us and bus ro neets the mi	ertify that oute by t nimum s	the route established by the this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate s	eligible for sc o make such o the Board of	nool transportat reports to the St Public Education	ion as defined by ate Superintende on, the Montana I	20-10-101, MC ent and County S	A. Superintendent as are	
				ers to solicit students from outlined to solicit students from the students governing school to the students from the st			t cause for withho	olding of state a	nd county reimbursement for	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in										
	pplication for re			ool bus and state reimbu						
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							nmittee.			
	or Registration	of School I	Bus an						CA. within the transportation	
area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date										



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MC/ ortees of another legal				one form for e	ach bus route that Rate Per Mile
	Due Dates	: :			County Sup	t	То ОРІ		
	All Routes			Oct	ober 1		October 15		\$1.57
County Name				County Number	Distric	Name			Legal Entity Number
Yellowstone				56	Laure	el Public S	chools		0970 0971
Route #		Length of	Route	(miles per day)		f Service	☐ Bus Route Mil		Rated Capacity
3		23.9			Bus F	Route Mile	□ Non Bus Milea age	age 78	
Vehicle I.D. #		Licer	nse#		□ Distric	t Owned		istrict Own	ed
9902 1897					act - If so, Na acted rate pe	ame of Owner or mile			
Reimbursement Distribution- Enter the legal entity number and percen							rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal Entity					match budge Legal I			Legal Entit	ry
0970 0971			971						
% 75.00 % 25.00			00	%			%		
PASSENGER INFORMATION									
Number of Preschool/Kindergarten pupils riding this route ELEMENTARY RID (Grades PK-8)						HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
	a				b				С
Regular (include eligible Preschool/Kindergarten						NUMBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC									
Additional Wheelchai	,								
Non-WC IEP Lists Tr	. ,	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho									
agreement) (Include ineligible Pre									
Nonpublic School Ric	ders (ineligible)	arterrinders)							
TOTAL RIDERS									
We hereby certify				the route established by the					
We agree to supe	rvision of this bu	us and bus ro	ute by t	t this bus transports pupils the State Superintendent; t standards as established b	to make such	reports to the	State Superintende	ent and County	Superintendent as are
Superintendent; and	to provide a lice	nsed, qualifie	ed and a	approved driver to operate ers to solicit students from	such vehicle	as required by		ligilway i alioi	and the State
							ent cause for withho	olding of state a	nd county reimbursement for
We agree that if the				ansports students from out e county superintendent's o			e agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
	ute changes occ			chool year require the filing			and approval of the	County Transpo	ortation Committee in
I certify that this ap	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Bo		proved by a	ırıu Will	пп ше папѕропацоп ѕ	ervice area	assigned by	ine County Trans	Date Date	mmuee.
This Application fo area assigned to it	r Registration	of School E	Bus an						CA. s within the transportation
Signature - Chair, Co								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordanc	e with Title	20. C	hapter 10, Part 1, MCA	. School	district	official must o	complete o	ne form for ea	ach bus route that		
				rtees of another legal e						Rate Per Mile		
	Due Dates: All Routes				ounty Subber 1	pt	To O l Octo	PI ber 15		\$1.57		
County Name				County Number	Distri	ct Nam	e			Legal Entity Number		
Yellowstone				56	Laur	el Pul	blic School	s		0970 0971		
Route #	L	ength of R	oute (ı	miles per day)			rice □ Bus	Route Mile		Rated Capacity		
2	2	20			Bus	Route	□ Non e Mileage	Bus Milea	age 78			
Vehicle I.D. #	<u>.</u>	Licens	se #		□ District Owned D □ Contract - If so, Name of Owner					istrict Owned		
4481 1832						rate per mile	Owner					
Reimbursement Distribution- Enter the legal enti					e of state/ atch budg		reimburseme	nt to be pa	id to each dis	strict. Note: Percentages		
Legal Entity Legal Entity						Entity			Legal Entit	у		
0970			09	/1								
% 75.00 % 2			25.0	00	%				%			
PASSENGER INF	ORMATION											
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RIDE (Grades PK-8)	ERS			:HOOL RIE ades 9-12)		TOTAL ELIGIBLE RIDERS		
	a NUMBED			b NUMBER					C			
Regular (include eligible Preschool/Kindergarten			NUMBER				IN	UNIDER		a + b		
riders) 1st Wheelchair (WC)												
2nd Wheelchair (WC)											
Additional Wheelchai	irs (WC)											
Non-WC IEP Lists Tr	ans as Related Se	ervice										
TOTAL ELIGIBLE	RIDERS											
Ineligible Public Scho												
agreement) (Include ineligible Pre												
Nonpublic School Ric	ders (ineligible)	·										
TOTAL RIDERS												
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	County Tra	nsportatio	on Cor	mmittee Approval as i	required i	n acco	ordance with	Section 2	0-10-132, MC	 CA .		
	r Registration of	f School Bu	us and	State Reimbursement						within the transportation		
Signature - Chair, Co	ounty Transportation	on Committe	area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Yellowstone Laurel Public Schools 0970 0971 56 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 49-6pm 47 19.9 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1739 6258 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0970 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

			, Chapter 10, Part 1, MC					one form for e	ach bus route that	
receives state rein		hough trans	portees of another legal		,				Rate Per Mile	
	Due Dates: All Routes			ctobe	nty Supt r 1	I	To OPI October 15		\$1.36	
County Name			County Number		District	Name			Legal Entity Number	
Yellowstone			56		Laure	l Public So	chools		0970 0971	
Route #	Len	ngth of Rout	e (miles per day)		Type of		☐ Bus Route Mi☐ Non Bus Mile	•	Rated Capacity	
41	21.	.7			Bus R	oute Mile		age	60	
Vehicle I.D. #		License #		☐ District Owned ☐ Contract - If so, Name of Owner					ied	
7211		1258		☐ Contract - if so, Name of Owner☐ Contracted rate per mile						
Reimbursement D			state/co		rsement to be pa	aid to each dis	strict. Note: Percentages			
Legal Entity	Legal Entity Legal Entity 0970 0971				Legal E			Legal Enti	ty	
0970 09			0971							
% 75.00	5.00		%			%				
PASSENGER INFORMATION FLEMENTAR						T				
Number of Presch riding this route	ELEMENTARY RII (Grades PK-8		5	HIC	GH SCHOOL RI Grades 9-12		TOTAL ELIGIBLE RIDERS			
	a NUMBE				b				C	
Regular (include elig	NUMBER				NUMBER		a+b			
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC	· · ·									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related Servi	ice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho	ool Riders (i.e., under	r 3								
agreement)	eschool/Kindergarten	riders)								
Nonpublic School Ric										
TOTAL RIDERS										
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This Application to			Committee Approval as						CA. s within the transportation	
area assigned to it	t by the County Tra	ansportation		iii iias	s neen re	vieweu and	r ceruly that this		within the transportation	
Signature - Chair, Co	ounty Transportation (Committee						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This famous is no section			00 01	-t40 Dt-4 MOA	. 0	- l l - d'-	4 (C)		6 6		
				oter 10, Part 1, MCA es of another legal e					one form for e	ach bus route that	
				· ·	,					Rate Per Mile	
	Due Dates: All Routes				Coun ober	nty Supt		To OPI October 15		\$1.57	
						•				****	
County Name			Co	ounty Number		District	Name			Legal Entity Number	
Yellowstone			56	3		Laure	Public S	chools		0970 0971	
Route #	Le	ength of R	oute (mile	es per day)				□ Bus Route Mi	leage	Rated Capacity	
40	10	9.4				D D		☐ Non Bus Mile	age	72	
Vehicle I.D. #	13	Licens	e #		Bus Route Mileage 72 □ District Owned District Owned					<u> </u>	
			0 11		☐ Contract - If so, Name of Owner						
0162		215			☐ Contracted rate per mile						
Reimbursement Di	stribution- Enter	the legal	entity nun					rsement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal	Entity	must m		budget Legal E			Legal Enti	tv	
0970 Cogar Entry				I	Logui L	intry		Logai Litti	.y		
				-8							
% 75.00		%	25.00			%			%		
PASSENGER INFO	ORMATION										
Number of Preschool/Kindergarten pupils ELEMENTARY (Grades F					ERS		HIC	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS	
riding this route				(Grades i it-o)				(Oraces 5-12)	LEIGIBLE RIBERO	
								b			
l	a NUMBER							NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)											
1st Wheelchair (WC)											
2nd Wheelchair (WC))										
Additional Wheelchair	rs (WC)										
Non-WC IEP Lists Tra	ans as Related Ser	vice									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Scho	ol Didoro (i.o. unde	or 2									
miles OR nonresident											
agreement) (Include ineligible Pre	school/Kindergarte	en riders)									
Nonpublic School Rid											
TOTAL RIDERS											
				oute established by the bus transports pupils						ed and approved by the	
We agree to super	rvision of this bus a	and bus rout	te by the S	tate Superintendent; to	o mak	ke such r	eports to the	State Superintende	ent and County	Superintendent as are	
				ards as established by oved driver to operate s					Highway Patrol	and the State	
				solicit students from o				ent cause for withh	olding of state a	nd county reimbursement for	
this bus route.			Ū		·				J	•	
				orts students from outs nty superintendent's c				e agreement betw	een Boards, 20-	10-126(2) MCA, signed by	
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in											
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the											
bus operates on the	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
Signature - Chair, Board of Trustees Date											
	County Tran	nsportatio	n Comm	ittee Approval as	requ	ired in	accordance	with Section 2	1 20-10-132, MC	CA.	
	r Registration of	School Bu	is and Sta	ate Reimbursement						s within the transportation	
area assigned to it Signature - Chair, Co				mucc.					Date		
	•								1		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				20 01 1 10	5 / / 1/04	0				
This form is requir receives state rein										ach bus route that Rate Per Mile
	Due Dates					ounty Sup	t	To OPI		
	All Routes				Octo	ber 1		October 15		\$0.95
County Name				County N	umber	District	Name			Legal Entity Number
Yellowstone				56		Laure	l Public S	chools		0970 0971
Route #		Length	h of Ro	ute (miles per d	lay)		f Service	□ Bus Route Mil	•	Rated Capacity
49-1am		19				Bus R	Route Mile	□ Non Bus Milea	age	47
Vehicle I.D. #		L	_icense	e# □ District Owned				District Owned		
6258	6258 1739						ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement D	istribution- Ent	ter the	legal e	ntity number an	d percentage				aid to each dis	trict. Note: Percentages
Legal Entity			Legal E	ntity	must m	atch budget Legal E			Legal Entit	v
	0970					Logar	. icicy		Logar Lina	,
% 100.00 % PASSENGER INFORMATION					%			%		
					NTARY RIDE	RS	Н	GH SCHOOL RI		TOTAL
Number of Preschool/Kindergarten pupils riding this route			(Gr	ades PK-8)			(Grades 9-12)	ELIGIBLE RIDERS	
			-			b			С	
Regular (include elig	Regular (include eligible Preschool/Kindergarten			a NUMBER			NUMBER			a + b
riders) 1st Wheelchair (WC)			11011							
2nd Wheelchair (WC										
Additional Wheelcha										
Non-WC IEP Lists Ti	, ,	Consiss								
		Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr	eschool/Kindera	arten rid	lers)							
Nonpublic School Ri										
TOTAL RIDERS										
We hereby certify	that this bus will	II operate	e entirel	y on the route esta	ablished by the	e Board of Tri	I ustees and wi	thin the transportat	ion area assigne	ed and approved by the
County Transportation We agree to supe										A. Superintendent as are
required; to provide a Superintendent; and									Highway Patrol a	and the State
We also agree to We understand the								ent cause for withho	olding of state ar	nd county reimbursement for
this bus route. We agree that if t	his route crosses	s district	lines ar	nd transports stude	ents from outs	ide the distric	t, a copy of th	ne agreement betwe	een Boards, 20-	10-126(2) MCA, signed by
	the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-	10-132, MCA.									edge and belief, and the
bus operates on the	ne route as app	proved							sportation Cor	
Signature - Chair, Board of Trustees									Date	
								e with Section 2		
This Application for area assigned to it					mbursement	has been re	eviewed and	I I certify that this	bus operates	within the transportation
Signature - Chair, Co									Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever					one form for ea	ach bus route that		
Due Dates: All Routes	-		County Sup tober 1	t To OPI October 15		Rate Per Mile \$1.80		
County Name		County Number	District	Name		Legal Entity Number		
Yellowstone		56		Grove Elementary		0972		
Route #	Length of Ro	oute (miles per day)	Type o	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity		
1	100		Bus F	Route Mileage	age	84		
Vehicle I.D. #	License	e #	□ District Owned Contractor Owned □ Contract - If so, Name of Owner First Student Clnc					
9815	7785			ct - If so, Name of Owner I cted rate per mile	-irst Studen			
Reimbursement Distribution- Ente	er the legal e		ge of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity 0972	Legal E		Legal E		Legal Entit	у		
0972								
% 100.00		%		%				
PASSENGER INFORMATION		EL EMENTA DV DIE	-		DEDO	TOTAL		
Number of Preschool/Kindergarte riding this route	n pupils	ELEMENTARY RIE (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
	а		b NUMBER		C			
Regular (include eligible Preschool/Kin	NUMBER		NUMBER		a + b			
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendant								
agreement) (Include ineligible Preschool/Kindergar	rten riders)							
Nonpublic School Riders (ineligible)	ŕ							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration o	of School Bus	s and State Reimbursemer		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the County Signature - Chair, County Transportation					Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title receives state reimbursement even though tra	20, Chapter 10, Part 1, MCA.	School dis	strict official must complete	one form for ea	ach bus route that
Due Dates:		ounty Supt			Rate Per Mile
All Routes	Octob		October 15		\$1.80
County Name	County Number	District	Name		Legal Entity Number
Yellowstone	56	Elder	Grove Elementary		0972
Route # Length of Ro	oute (miles per day)		Service Bus Route Mi		Rated Capacity
2 80		Bus R	□ Non Bus Mile coute Mileage	age	84
Vehicle I.D. # License	e #	□ District	Owned (Contractor C	
9815 7785			ct - If so, Name of Owner detection cted rate per mile	First Studer	nt Clnc ——
Reimbursement Distribution- Enter the legal e		of state/co		aid to each dis	strict. Note: Percentages
Legal Entity Legal		Legal E		Legal Entit	ty
0972					
% 100.00 %		%		%	
PASSENGER INFORMATION					
Number of Preschool/Kindergarten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route	,		,	•	
	a		b NUMBER		C .
Regular (include eligible Preschool/Kindergarten	NUMBER	NUMBER			a + b
riders) 1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance					
agreement) (Include ineligible Preschool/Kindergarten riders)					
Nonpublic School Riders (ineligible)					
TOTAL RIDERS					
We hereby certify that this bus will operate entire	ly on the route established by the	Board of Tru	I ustees and within the transporta	tion area assigne	ed and approved by the
County Transportation Committee. We further certif We agree to supervision of this bus and bus rout					
required; to provide a vehicle which meets the minin Superintendent; and to provide a licensed, qualified				Highway Patrol	and the State
We also agree to refrain from soliciting or causing We understand that violations of the laws, rules of				olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosses district lines a		•		J	•
the school boards of both districts shall be attached We understand route changes occurring during t accordance with 20-10-132, MCA.	to the county superintendent's co	by of this doo	cument.		
I certify that this application for registration of bus operates on the route as approved by and					
Signature - Chair, Board of Trustees	uro transportation ser	-100 arca a	congride by the county Har	Date	
County Transportatio This Application for Registration of School Bu area assigned to it by the County Transportat					
Signature - Chair, County Transportation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20. Chapter 10. Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement e							10 101111 101 00	2 / 2 14"	
Due Dates	s:		To Co	ounty Supt	To	о ОРІ		Rate Per Mile	
All Routes	i		Octob	er 1	0	ctober 15		\$1.57	
County Name			County Number	District N	ame			Legal Entity Number	
Yellowstone			56	Elder G	rove Elem	entary		0972	
Route #	Length	of Route	(miles per day)	Type of S		Bus Route Mile		Rated Capacity	
3	80			Bus Ro	ו □ ute Mileag	Non Bus Milea e	ge	72	
Vehicle I.D. #	Li	cense #		<u> </u>				actor Owned	
2302	4	346		 □ Contract - If so, Name of Owner First Student CInc □ Contracted rate per mile 					
Reimbursement Distribution- Er	nter the le	egal entity		of state/cour	nty reimburse	ement to be pa	id to each dis	trict. Note: Percentages	
Legal Entity	/	Legal Ent	ity		Legal Entity	1			
0972									
% 100.00	% 100.00 %			%			%		
PASSENGER INFORMATION				ne I	LIICH	COLIOOL DID	EDC	TOTAL	
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDER (Grades PK-8)	15		SCHOOL RID (Grades 9-12)	JEKS	ELIGIBLE RIDERS	
						b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten			NUMBER						
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten ride	ers)							
TOTAL RIDERS									
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I certify that this application for rules operates on the route as ap									
Signature - Chair, Board of Trustees	3						Date		
County 1 This Application for Registration area assigned to it by the Count	of Scho	ol Bus and							
Signature - Chair, County Transport							Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						omplete one forr	m for each	n bus route that	
Due Date All Routes				County Su ober 1	ot To OF			ate Per Mile	
County Name			County Number	Distric	t Name		Le	egal Entity Number	
Yellowstone			56		er K-12 Schools			0975	
Route #	Length of	f Route ((miles per day)	Туре		Route Mileage Bus Mileage	R	ated Capacity	
2	79.8			Bus	Route Mileage		53		
Vehicle I.D. #	Lice	ense #		 □ District Owned □ Contract - If so, Name of Owner 					
9307					acted rate per mile _			_	
Reimbursement Distribution- Er	nter the leg	al entity		ge of state/onatch budg	nt to be paid to e	ach distri	ct. Note: Percentages		
Legal Entity Legal Entity 0975				Legal		Leg	al Entity		
0975									
% 100.00 %				%		o,	%		
PASSENGER INFORMATION			ELEMENTA DV DID		T 111011001	LICOL DIDEBO		TOTAL	
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RID (Grades PK-8)	EKS		HOOL RIDERS ides 9-12)		TOTAL ELIGIBLE RIDERS	
			a		NII	b JMBER		с а+b	
Regular (include eligible Preschool/Kindergarten			NOMBER	NUMBER				a + b	
1st Wheelchair (WC)	riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible))							
TOTAL RIDERS									
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This Application for Registration	of School	Bus and							
area assigned to it by the Count Signature - Chair, County Transport			ommittee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement of Due Date All Routes	even thoug		ortees of another legal e		lize the service:			ach bus route that Rate Per Mile \$1.36
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Custe	r K-12 Schoo	ols		0975
Route #	Length o	of Route	(miles per day)		Service B	us Route Mile		Rated Capacity
1	45.5			Bus R	□ N oute Mileage	on Bus Milea	age 65	
Vehicle I.D. #	Lic	ense#		□ District			istrict Own	ed
3212 1733					ct - If so, Name cted rate per mi			
Reimbursement Distribution- E				ment to be pa	id to each dis	trict. Note: Percentages		
Legal Entity Legal E				atch budget Legal E			Legal Entit	У
% 100.00 %				%			%	
PASSENGER INFORMATION			E. E			0011001 DI		T0741
Number of Preschool/Kinderga riding this route		ELEMENTARY RIDE (Grades PK-8)	:RS		SCHOOL RII Grades 9-12)		TOTAL ELIGIBLE RIDERS	
	a NUMBER				b NUMBER			c a + b
Regular (include eligible Preschool/Kindergarten riders)						-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinder		s)						
Nonpublic School Riders (ineligible))							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
bus operates on the route as a Signature - Chair, Board of Trustee		and with	nin the transportation se	rvice area a	ssigned by the (County Trans	sportation Cor	nmittee.
County This Application for Registration area assigned to it by the County	n of School	I Bus and						
Signature - Chair, County Transport	tation Comm	nittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e						e form for ea	ach bus route that
	· ·		, ,				Rate Per Mile
Due Date All Routes			County Suprober 1		o OPI October 15		\$0.95
County Name		County Number	District	Name			Legal Entity Number
Yellowstone		56	Custer K-12 Schools				0975
Route #	Length of Route (miles per day)				Bus Route Mile		Rated Capacity
4	118				Non Bus Mileag วe	je	35
Vehicle I.D. #					Di	strict Own	ed
3999	891			ct - If so, Name cted rate per n			
Reimbursement Distribution- Er	nter the legal e				ement to be pai	d to each dis	trict. Note: Percentages
Legal Entity	Legal E		natch budget Legal E			Legal Entit	у
0975							
% 100.00	%		%			%	
PASSENGER INFORMATION	70		70			70	
Number of Preschool/Kindergar	ten nunils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH	SCHOOL RID (Grades 9-12)	ERS	TOTAL ELIGIBLE RIDERS
riding this route		(Claded Fit o)			(Orduco o 12)		LEIGIBLE MIDERO
		а			b		С
Regular (include eligible Preschool/l	Kindergarten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							-
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,	under 3						
miles OR nonresident and no attendagreement)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
, , ,							
TOTAL RIDERS							
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in							
accordance with 20-10-132, MCA. I certify that this application for	registration of	school bus and state reimbu	ursement is t	rue and compl	ete to the best	of my knowle	edge and belief. and the
bus operates on the route as ap	proved by and				e County Transp	ortation Cor	
Signature - Chair, Board of Trustees	•					Date	
County This Application for Registration area assigned to it by the Coun	of School Bus						
Signature - Chair, County Transport	ation Committee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accord receives state reimbursement Due Date All Route	even thou		ortees of another legal To		ilize the services		i	ch bus route that Rate Per Mile \$0.95
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Custe	Custer K-12 Schools			0975
Route #	Length	of Route	(miles per day)	Type of Service □ Bus Route			_	Rated Capacity
3 88				Bus R	□ No Coute Mileage	n Bus Mileage	:	35
Vehicle I.D. #	icense #		□ District	Owned	Dis	trict Own	ed	
5527	1:	363			ct - If so, Name on cted rate per mile			
Reimbursement Distribution- E	Inter the le	egal entity		ge of state/co		ent to be paid	to each dist	rict. Note: Percentages
Legal Entity Legal E				Legal E			Legal Entity	/
% 100.00		%		%			%	
PASSENGER INFORMATION								_
Number of Preschool/Kinderga riding this route	arten pupil	s	ELEMENTARY RID (Grades PK-8)			CHOOL RIDE trades 9-12)	RS	TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER			c a + b
Regular (include eligible Preschoo riders)	l/Kindergart	en	HOMBER			TOWN BETT		u · s
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relate	ed Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e miles OR nonresident and no atter								
agreement) (Include ineligible Preschool/Kinde	rgarten ride	ers)						
Nonpublic School Riders (ineligible	=)							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as a								
Signature - Chair, Board of Trustee		•	•		-		ate	
County This Application for Registratic area assigned to it by the Cou	on of Scho	ol Bus and						
Signature - Chair, County Transpo			onanito.			D	ate	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with Tit	le 20, C transpo	Chapter 10, Part 1, MCA ortees of another legal e	. School di	strict official must complete tilize the services.	one form for e	ach bus route that
Due Dates All Routes	s:	·		ounty Sup ber 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Yellowstone			56		Elementary		0976
Route #	Length of Route (miles per day)				f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity
1 158 Vehicle I.D.# License #				Bus F	Route Mileage	ŭ	65
Vehicle I.D. # 1233	472				t Owned (act - If so, Name of Owner acted rate per mile	Contractor (First Studer	
Reimbursement Distribution- En	ter the lega	l entity		of state/co	ounty reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity		atch budget Legal E		Legal Enti	ty
0976		-			•		
% 100.00	9	6		%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a		b NUMBER		C
Regular (include eligible Preschool/K	(indergarten		NUMBER	NOWBER		a + b	
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)						
TOTAL RIDERS							
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bus required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from soli. We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts should we understand route changes on accordance with 20-10-132, MCA. I certify that this application for in bus operates on the route as application. Signature - Chair, Board of Trustees.	We further ce us and bus re meets the mi ensed, qualifi- citing or caus the laws, rule s district lines all be attach curring durin egistration proved by a	ertify that bute by the pute b	this bus transports pupils of the State Superintendent; to standards as established by approved driver to operate sers to solicit students from outlations governing school transports students from outsite county superintendent's control year require the filing could bus and state reimbu	eligible for sol make such in the Board of uch vehicle a ther transport ansportation de the district oppy of this do of an amende	nool transportation as defined by eports to the State Superintend Public Education, the Montana as required by 20-10-103, MCA tation areas. will be sufficient cause for withhet, a copy of the agreement betweent. d TR-1 form and approval of the true and complete to the best	y 20-10-101, MC ent and County: Highway Patrol holding of state a reen Boards, 20- e County Transp	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by contation Committee in edge and belief, and the
					accordance with Section		
This Application for Registration area assigned to it by the Count	y Transpor	tation C		nas been re	eviewed and I certify that this		s within the transportation
Signature - Chair, County Transporta	ation Commit	tee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e					plete one form for e	each bus route that
						Rate Per Mile
Due Date All Routes		Octo	ounty Supt per 1	t To OPI October	15	\$1.36
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Morin Elementary			0976
Route #	Length of Rout	e (miles per day)		f Service ☐ Bus Rou		Rated Capacity
1 A	158		Bus R	☐ Non Bus Route Mileage	s Mileage	65
Vehicle I.D. #	License #		□ District	Owned	Contractor	
1233	4728			ct - If so, Name of Ow cted rate per mile	ner First Stude	nt Clnc ——
Reimbursement Distribution- En	nter the legal enti		of state/co		be paid to each di	strict. Note: Percentages
Legal Entity	Legal En		Legal E		Legal Ent	ity
0976						
% 100.00	%		%		%	
PASSENGER INFORMATION						
Number of Preschool/Kinderga	rten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHO		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		а		b		С
Regular (include eligible Preschool/	Kindergarten	NUMBER		NUM	BER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	d Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)	dance					
(Include ineligible Preschool/Kinder Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which	We further certify thous and bus route by	nat this bus transports pupils e y the State Superintendent; to	ligible for sch make such r	nool transportation as defi reports to the State Super	ned by 20-10-101, Mointendent and County	CA. Superintendent as are
Superintendent; and to provide a lic We also agree to refrain from so We understand that violations of	ensed, qualified and liciting or causing of	d approved driver to operate si thers to solicit students from of	uch vehicle a her transport	is required by 20-10-103, tation areas.	MCA.	
this bus route. We agree that if this route crosse	es district lines and	transports students from outside	de the distric	t, a copy of the agreemen	t between Boards, 20	-10-126(2) MCA, signed by
the school boards of both districts s We understand route changes of accordance with 20-10-132, MCA.	hall be attached to t	the county superintendent's co	py of this do	cument.		
I certify that this application for bus operates on the route as a						
Signature - Chair, Board of Trustees		and the dansportation ser	THE GIVE A	congrice by the county	Date	
			_			
County This Application for Registration area assigned to it by the Coun	n of School Bus a					
Signature - Chair, County Transport					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					ete one form for e	each bus route that
						Rate Per Mile
Due Dates All Routes			ounty Supt ber 1	t To OPI October 15	i	\$1.57
County Name		County Number	District	Name		Legal Entity Number
Yellowstone		56	Broadview Public Schools			0978 0979
Route #	Length of Rou	te (miles per day)	Type of	f Service Bus Route		Rated Capacity
2A	120		Bus R	□ Non Bus N Route Mileage	villeage	71
Vehicle I.D. #	License #	‡	□ District	t Owned	Contractor	
6228	6640			ict - If so, Name of Owne icted rate per mile	r B&BAgS	upply —
Reimbursement Distribution- Er	iter the legal ent		of state/co		e paid to each di	strict. Note: Percentages
Legal Entity	Legal En	itity	Legal E		Legal Enti	ity
0978		0979				
% 52.00	%	48.00	%		%	
PASSENGER INFORMATION						
Number of Preschool/Kindergar	ten pupils	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL (Grades 9		TOTAL ELIGIBLE RIDERS
riding this route		,		,	,	
		а		b		С
Regular (include eligible Preschool/h	Kindergarten	NUMBER		NUMBE	ER	a + b
riders) 1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e.,						
miles OR nonresident and no attend agreement)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)					
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice	We further certify to us and bus route to meets the minimule.	hat this bus transports pupils e by the State Superintendent; to m standards as established by	ligible for sch make such r the Board of	nool transportation as define reports to the State Superint Public Education, the Monta	d by 20-10-101, MC endent and County ana Highway Patrol	CA. Superintendent as are
We also agree to refrain from sol We understand that violations of this bus route.					vithholding of state a	and county reimbursement for
We agree that if this route crosse the school boards of both districts show understand route changes or	nall be attached to	the county superintendent's co	py of this do	cument.		
accordance with 20-10-132, MCA. I certify that this application for i						
bus operates on the route as ap Signature - Chair, Board of Trustees		vitnin the transportation se	vice area a	issigned by the County 1	Date Date	mmittee.
County This Application for Registration area assigned to it by the County	of School Bus					
Signature - Chair, County Transport					Date	_



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev	nce with T	Title 20, C	Chapter 10, Part 1, MCA	. School di	strict official must complete ilize the services.	one form for ea	ach bus route that		
Due Dates All Routes	s :			ounty Sup	t To OPI October 15		Rate Per Mile \$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		view Public Schools		0978 0979		
Route #	Length of	of Route	(miles per day)	Type of	F Service ☐ Bus Route Mi☐ Non Bus Mile	U	Rated Capacity		
3 103				Bus R	toute Mileage	ŭ	60		
Vehicle I.D. # License #				□ District	: Owned ct - If so, Name of Owner 【	Contractor (
7099	74	448			cted rate per mile		======================================		
Reimbursement Distribution- En	ter the le	gal entity		e of state/co		aid to each dis	strict. Note: Percentages		
Legal Entity 0978	Le	egal Entity		Legal E		Legal Entit	у		
		08	919						
% 68.00		% 32.	00	%		%			
PASSENGER INFORMATION		ELEMENTARY RIDE	-DC	HIGH SCHOOL R	DEDC	TOTAL			
Number of Preschool/Kindergart riding this route	ten pupils	5	(Grades PK-8)	:KO	(Grades 9-12		ELIGIBLE RIDERS		
		a NUMBER		b NUMBER		c a+b			
Regular (include eligible Preschool/K riders)	Cindergarte	en	NONBLIC		NOMBER		a i b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda									
agreement) (Include ineligible Preschool/Kinderg	arten rider	rs)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this buse required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from solice. We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts should understand route changes occur accordance with 20-10-132, MCA. I certify that this application for rebus operates on the route as application.	We further us and bus meets the insed, qual citing or cathe laws, rus district liricall be attaccurring duregistratio proved by	certify that s route by the minimum s allified and a ausing other ules or regules or regules ones and trached to the ring the school of school y and with	this bus transports pupils eithe State Superintendent; to standards as established by piproved driver to operate sers to solicit students from culations governing school transports students from outse county superintendent's concol year require the filing collision of bus and state reimbuting the transportation series.	eligible for sch make such r the Board of such vehicle a ther transpor ansportation ide the distric opy of this do of an amende rsement is t rvice area a	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument. d TR-1 form and approval of the rue and complete to the besissigned by the County Transports.	y 20-10-101, MC ent and County 8 Highway Patrol a olding of state a een Boards, 20- e County Transpo st of my knowle sportation Cor	A. Superintendent as are and the State Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the mmittee.		
County T This Application for Registration area assigned to it by the County	of School	ol Bus and	d State Reimbursement		accordance with Section as eviewed and I certify that this				
Signature - Chair, County Transporta			ominities.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex							ne form for e	ach bus route that
Due Dates	s:		To Co	ounty Sup		То ОРІ		Rate Per Mile
All Routes			Octob	per 1		October 15		\$1.57
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56			lic Schools		0978 0979
Route #	Length of Route (miles per day)			Type of		☐ Bus Route Mil☐ Non Bus Milea		Rated Capacity
2B	110				oute Mile		.gc	71
Vehicle I.D. #	Licer	nse#		□ District		_	Contractor (
6228	664			□ Contra	cted rate pe			
Reimbursement Distribution- En	ter the lega	l entity		of state/co		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0978	Lega	al Entity		Legal E			Legal Enti	ty
% 52.00	9/	6 48.	.00	%			%	
PASSENGER INFORMATION		T	ELEMENTARY RIDE	RS	l Hi	GH SCHOOL RII	DERS	TOTAL
Number of Preschool/Kindergard riding this route	ten pupils		(Grades PK-8)			(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/k riders)	Cindergarten		NOMBER			NONDER		a + 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which it Superintendent; and to provide a lice We also agree to refrain from soil We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts shifty we understand route changes oc accordance with 20-10-132, MCA.	We further ce us and bus ro meets the min ensed, qualified citing or caus the laws, rule s district lines all be attache	rtify that bute by t nimum s ed and a sing othe s or reg s and tra ed to the	t this bus transports pupils el the State Superintendent; to standards as established by approved driver to operate si ers to solicit students from ot ulations governing school tra ansports students from outside county superintendent's co	igible for sch make such r the Board of ich vehicle a her transpor ansportation de the distric py of this do	eports to the seports to the seports to the seports to the seports are as required by tation areas. Will be sufficient, a copy of the cument.	ation as defined by State Superintende tion, the Montana I 20-10-103, MCA. ent cause for withhou e agreement between	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20-	A. Superintendent as are and the State nd county reimbursement for 10-126(2) MCA, signed by
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		-			<u> </u>	j	Date	
County T This Application for Registration area assigned to it by the Count	of School E	Bus and						
Signature - Chair, County Transporta							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile	į.							
Due Dates: To County Supt To OPI								
All Routes October 1 October 15 \$1.57								
County Name County Number District Name Legal Entity Num	nher							
	iboi							
Yellowstone56Broadview Public Schools0978 0979Route #Length of Route (miles per day)Type of Service □ Bus Route MileageRated Capacity								
□ Non Bus Mileage								
1C 85 Bus Route Mileage 71								
Vehicle I.D. # License # □ District Owned □ District Owned □ Contract - If so, Name of Owner								
8426 1953 □ Contracted rate per mile								
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district.	entages							
must match budget! Legal Entity Legal Entity Legal Entity Legal Entity								
0978 0979								
% 65.00 % 35.00 % %								
% 65.00								
ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL)EDC							
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RI riding this route	JEKS							
a b c								
NUMBER NUMBER a + b								
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3								
miles OR nonresident and no attendance agreement)								
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)	_							
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.	the							
We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as a required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State	re							
Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.								
We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimburs	ment for							
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, significantly significantly students.	ned by							
the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee	n							
accordance with 20-10-132, MCA. Legitify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief.	nd the							
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees Date								
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.								
This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transparea assigned to it by the County Transportation Committee.	ortation							
Signature - Chair, County Transportation Committee Date								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is require	ed in accordance	e with Title	20. 0	Chapter 10, Part 1, MCA	. School	district o	official must com	olete on	e form for ea	ach bus route that
				ortees of another legal e						Rate Per Mile
	Due Dates: All Routes				ounty Subber 1	pt	To OPI October	15		\$1.15
County Name				County Number	Distri	ct Name	!			Legal Entity Number
Yellowstone				56	Broa	Broadview Public Schools				0978 0979
Route #	I	Length of R	Route	(miles per day)		of Servi	ce 🗆 Bus Rou	ite Milea	0	Rated Capacity
1B 85				Bus	Route	□ Non Bus Mileage	Mileag	е	54	
Vehicle I.D. # License #					□ Distr	ict Owne	ed		trict Own	ed
4587 1482							so, Name of Owrate per mile	ner		
Reimbursement Di	stribution- Ente	r the legal	entity				eimbursement to	be paid	to each dis	trict. Note: Percentages
Legal Entity		Legal	Entity		atch budg Legal	et! Entity			Legal Entit	y
0978			08	979						
% 65.00		%	35.	00	%				%	
% 65.00 % PASSENGER INFORMATION									70	
Number of Preschoriding this route	ool/Kindergarte	n pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		HIGH SCHO (Grades		ERS	TOTAL ELIGIBLE RIDERS
				a			b NUMBER			C
Regular (include eligible Preschool/Kindergarten				NUMBER			NOIVII	DEK		a + b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC))									
Additional Wheelchai	rs (WC)									
Non-WC IEP Lists Tra	ans as Related So	ervice								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pre										
Nonpublic School Ric		,								
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filling of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees										
	r Registration o	f School Bu	us and							A. within the transportation
area assigned to it Signature - Chair, Co				Committee.				1	Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fame is accorded to a constant		- T:H - 00	Object A MO	A O - l	-1 -1:-	hist official accept a constant			
This form is required in accordate receives state reimbursement e							one form for ea	ach bus route that	
Due Date	· C ·	•	To	County 9	Sunt	To OPI		Rate Per Mile	
All Routes				ober 1	Supi	October 15	:	\$0.95	
County Name			County Number	Dis	strict I	Name		Legal Entity Number	
			,						
Yellowstone Route #	Lenath	h of Rou	te (miles per day)			view Public Schools Service □ Bus Route Mi	eage	0978 0979 Rated Capacity	
				1 1	•	□ Non Bus Milea	-		
Vehicle I.D. #	_icense #	#			oute Mileage	listrict Own	30		
		,			Owned Lot - If so, Name of Owner	DISTRICT OWIT	c u		
0125		1416				cted rate per mile			
Reimbursement Distribution- En	nter the I	legal ent		ge of stat natch bu			aid to each dis	trict. Note: Percentages	
Legal Entity	L	Legal En	ntity		gal Er		Legal Entity	У	
0978			0979						
% 76.00		% 2	24.00		%		%		
PASSENGER INFORMATION		,,,			70		,,		
Number of Preschool/Kindergal	rten nuni	ile	ELEMENTARY RID (Grades PK-8)	ERS		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route			(Grades i R o)			(0144000 0 12	,	LEIGIBLE NIBENO	
			а			b		С	
Regular (include eligible Preschool/	Kindergar	rten	NUMBER			NUMBER		a + b	
riders)	randergai	iten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	d Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)									
agreement) (Include ineligible Preschool/Kinderg		(0.50)							
Nonpublic School Riders (ineligible)		CIS)							
TOTAL RIDERS									
					,-				
We hereby certify that this bus w County Transportation Committee.	We further	er certify t	that this bus transports pupils	eligible fo	or sch	ool transportation as defined by	20-10-101, MC/	Α.	
We agree to supervision of this be required; to provide a vehicle which	meets the	e minimur	m standards as established b	y the Boa	ard of I	Public Education, the Montana			
Superintendent; and to provide a lic We also agree to refrain from so									
We understand that violations of this bus route.	the laws,	rules or r	regulations governing school	transporta	ation v	vill be sufficient cause for withh	olding of state ar	nd county reimbursement for	
We agree that if this route crosse the school boards of both districts s			•			, , ,	een Boards, 20-1	10-126(2) MCA, signed by	
We understand route changes of							County Transpo	rtation Committee in	
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								iiiiiiiiiiiiiee.	
County This Application for Registration						accordance with Section 2			
area assigned to it by the Coun	ity Trans	portation		i iias Det	en ie	viewed and i certify that this	bus operates	within the transportation	
Signature - Chair, County Transport	tation Cor	mmittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for ea	ach bus route that
receives state reimbursement e	ven mou	ıgrı transpo	ortees of another legal er	ility may ut	ilize the servic	es.		Rate Per Mile
Due Dates All Routes			To Co Octob	ounty Supt per 1		o OPI October 15		\$1.15
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Broad	Broadview Public Schools			0978 0979
Route #		of Route	(miles per day)	Type of		Bus Route Mile Non Bus Milea		Rated Capacity
1A					toute Mileag			54
Vehicle I.D. #	L	icense #		□ District			District Own	ed
4587 1482				□ Contra	ct - If so, Name cted rate per n	nile		
Reimbursement Distribution- En	iter the le	egal entity		of state/co tch budget		ement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity 0978	L	egal Entity.		Legal E			Legal Entit	у
% 65.00		% 35.	.00	%			%	
PASSENGER INFORMATION			ELEMENTARY RIDER	26	ШСП	SCHOOL RIE	DEDS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupil	ls	(Grades PK-8)	λο	_	(Grades 9-12)		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/Friders)	Kindergart	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten ride	ers)						
TOTAL RIDERS								
bus operates on the route as ap Signature - Chair, Board of Trustees	proved b							
Signature - Orian, Board or Trustees							Date	
This Application for Registration area assigned to it by the Count	of Scho y Transp	ool Bus and portation C						
Signature - Chair, County Transporta	ation Com	nmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordan	nce with Ti	tle 20, (Chapter 10, Part 1, MCA	A. Schoold	strict official	must complete of	one form for e	ach bus route that
receives state rein	nbursement ev Due Dates	_	transp	ortees of another legal o	entity may u County Sup		vices.		Rate Per Mile
	All Routes	•			ober 1	•	October 15		\$1.80
County Name				County Number	District	Name			Legal Entity Number
Yellowstone				56		Huntley Project K-12 Schls			0983
Route #	Route # Length of Route			(miles per day)	Type o		☐ Bus Route Mil☐ Non Bus Milea		Rated Capacity
9 84				Bus F	Route Mile	age	ŭ	84	
Vehicle I.D. # License #				☐ Distric		Ime of Owner	District Owr	ned	
3131 251					□ Contra	acted rate pe	r mile		
Reimbursement D	istribution- Ent	ter the lega	al entity		e of state/conatch budge		rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity 0983		Leg	al Entit		Legal E			Legal Enti	ty
% 100.00			2/6		%			%	
% 100.00 % PASSENGER INFORMATION					70			7,0	
Number of Presch	ool/Kindergart	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIC	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
	Tiding this route			a NUMBER			b NUMBER		C
Regular (include eligible Preschool/Kindergarten				NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC))								
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Ti	rans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schomiles OR nonresider									
agreement) (Include ineligible Pr		arten riders))						
Nonpublic School Ri	ders (ineligible)								
TOTAL RIDERS									
County Transportation We agree to super required; to provide a	on Committee. Wervision of this but a vehicle which m	Ve further co is and bus r neets the m	ertify that oute by t inimum s	the route established by th t this bus transports pupils the State Superintendent; to standards as established by	eligible for sc o make such y the Board o	hool transporta reports to the S Public Educa	ation as defined by State Superintende tion, the Montana	20-10-101, MC ent and County	A. Superintendent as are
We also agree to We understand the	refrain from solid	citing or cau	sing other	approved driver to operate sers to solicit students from outlines governing school to	other transpo	tation areas.		olding of state a	and county reimbursement for
this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date									
olghatule - Ollall, BC	ourd or Trustees							Date	
This Application for area assigned to it	or Registration	of School	Bus an						CA. s within the transportation
Signature - Chair, Co				Jonatha				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
		agii transp	ŭ	, ,				Rate Per Mile	
Due Date All Routes			Octo	ounty Supt per 1	ı	To OPI October 15		\$1.80	
County Name			County Number	District	Name			Legal Entity Number	
Yellowstone			56	Huntle	ev Projec	t K-12 Schls		0983	
Route #	Length	n of Route	(miles per day)		Service	□ Bus Route Mil		Rated Capacity	
2	85			Bus R	oute Mile	☐ Non Bus Milea	age	84	
Vehicle I.D. #	L	icense #		□ District	□ District Owned District Owned				
3013	1	1613							
Reimbursement Distribution- Er	nter the I	legal entity		of state/co		ursement to be pa	aid to each di	strict. Note: Percentages	
Legal Entity	L	Legal Entit		Legal E			Legal Enti	ty	
0983									
% 100.00		%		%			%		
PASSENGER INFORMATION			ELEMENTA DV DIDE	D0	1	1011 0011001 DI	DED0	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	RS	Н	IGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER			b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	Kindergar	rten				-			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)									
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten rid	ers)							
TOTAL RIDERS									
TOTAL RIDERS									
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts slade we understand route changes of accordance with 20-10-132, MCA.	We further us and be meets the ensed, quiciting or the laws, as district hall be attracting decurring decu	er certify that us route by the minimum shallified and a causing other rules or regulines and tratached to the during the screen	t this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from or julations governing school transports students from outside e county superintendent's co- school year require the filing o	ligible for sch make such r the Board of uch vehicle a ther transpor ansportation de the distric py of this door an amender	nool transpor eports to the Public Educi s required by tation areas. will be suffici t, a copy of to cument. d TR-1 form	tation as defined by State Superintende ation, the Montana ly 20-10-103, MCA. ient cause for withhehe agreement between and approval of the	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20- County Transp	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in	
I certify that this application for the bus operates on the route as application.									
Signature - Chair, Board of Trustees	•						Date		
This Application for Registration	of Scho	ool Bus an							
area assigned to it by the Count Signature - Chair, County Transport			Joinffillee.				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Yellowstone Huntley Project K-12 Schls 0983 56 Type of Service □ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 10 83 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 9005 1178 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0983 100.00 % % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This forms is nonvived in account	ماهاندين محمد ما	T:H= 00 (Chantar 40 Dart 4 MCA	Cabaal di	atuiat afficial ususat as usual at			
This form is required in accord receives state reimbursement						e one rorm for ea	ach dus foute that	
Due Dat		•	· ·	ounty Sup			Rate Per Mile	
All Route				ber 1	October 15		\$1.80	
County Name			County Number	District	Name		Legal Entity Number	
,								
Yellowstone Route #	Length	of Pouto	(miles per day)		ey Project K-12 Schls Service Bus Route N		0983 Rated Capacity	
Roule #		of Route	(ITILIES PET day)	Type o	□ Non Bus Mil	•	, ,	
4	79	,		Bus Route Mileage			88	
Vehicle I.D. #	Li	icense #		☐ District Owned☐ Contract - If so, Name of Owner☐				
6753 1903					cted rate per mile			
Reimbursement Distribution- E	Enter the le	egal entity				paid to each dis	strict. Note: Percentages	
Legal Entity	L	egal Entit		atch budget Legal E		Legal Entit	у	
0983					•			
0/ 100 00				2,		٥,		
% 100.00 PASSENGER INFORMATION	ı	%		%		%		
			ELEMENTARY RIDE	RS	HIGH SCHOOL F		TOTAL	
Number of Preschool/Kindergation riding this route	Number of Preschool/Kindergarten pupils iding this route		(Grades PK-8)		(Grades 9-1	2)	ELIGIBLE RIDERS	
					h			
	a NUMBER				b NUMBER	l	c a + b	
Regular (include eligible Preschoo riders)	Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Relate	ed Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e								
miles OR nonresident and no atter agreement)	ndance							
(Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible		ers)						
TOTAL RIDERS								
TOTAL RIDERS								
We hereby certify that this bus								
County Transportation Committee. We agree to supervision of this	bus and bu	is route by t	the State Superintendent; to	make such r	eports to the State Superinten	dent and County S	Superintendent as are	
required; to provide a vehicle whicl Superintendent; and to provide a li	icensed, qua	alified and a	approved driver to operate s	such vehicle a	s required by 20-10-103, MCA		and the State	
We also agree to refrain from s We understand that violations of						holding of state a	nd county reimbursement for	
this bus route. We agree that if this route cross	ses district li	ines and tra	ansports students from outsi	ide the distric	t. a copy of the agreement bet	ween Boards, 20-	10-126(2) MCA, signed by	
the school boards of both districts We understand route changes	shall be atta	ached to the	e county superintendent's co	opy of this do	cument.	,	, , ,	
accordance with 20-10-132, MCA.								
I certify that this application for bus operates on the route as a	•				•	•	•	
Signature - Chair, Board of Trustee	es					Date		
Cambi	Transna	rtation Ca	ommittae Annreval se	roquirod in	accordance with Section	20 10 122 840	`^	
This Application for Registration	on of Scho	ol Bus an	d State Reimbursement		accordance with Section eviewed and I certify that the			
area assigned to it by the Cou Signature - Chair, County Transpo			Committee.			Date		
- J. Mail County Trunopo								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda							ne form for ea	ach bus route that
receives state reimbursement e	ven tnot	ugn transpo	ortees of another legal e	ntity may ui	ilize the servi	ces.		Rate Per Mile
Due Date				ounty Sup		Го ОРІ		
All Routes	6		Octo	ber 1	1	October 15		\$0.95
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Huntle	ey Project k	K-12 Schls		0983
Route #	Length	h of Route	(miles per day)		f Service	Bus Route Mile		Rated Capacity
8	81			Bus R	□ Route Milea	Non Bus Milea	eage 48	
Vehicle I.D. #	L	icense #		□ District		•	istrict Own	ed
8988	1	1732			ct - If so, Nam cted rate per			
Reimbursement Distribution- Er	nter the I	legal entity				sement to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		atch budget Legal E			Legal Entit	ev.
0983	ľ	Legal Litti	y	Legai L	inity		Legal Little	.y
% 100.00		%		%			%	
PASSENGER INFORMATION		T	ELEMENTA DV DIDE	.DC	LIIC	H SCHOOL RID	VED C	TOTAL
Number of Preschool/Kindergar	rten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	:KS	HIG	(Grades 9-12)		ELIGIBLE RIDERS
riding this route			, ,			,		
			a			b		С
Regular (include eligible Preschool/l	Kindergar	rten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
` '								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg	narten ride	ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
Make and a conference of the College base	20		the control of the first the first	D l . (T.	-1	. O		
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b	We furthe	er certify that us route by t	t this bus transports pupils e the State Superintendent; to	ligible for sch make such r	nool transportati reports to the St	on as defined by a te Superintender	20-10-101, MC nt and County S	A. Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qu	ualified and a	approved driver to operate s	uch vehicle a	is required by 2		ighway Patrol a	and the State
We understand that violations of this bus route.						t cause for withho	lding of state a	nd county reimbursement for
We agree that if this route crosse						agreement between	en Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts sl We understand route changes of accordance with 20-10-132, MCA.						d approval of the (County Transpo	ortation Committee in
I certify that this application for bus operates on the route as ap								
Signature - Chair, Board of Trustees		by and will	and transportation se	TVICE AIGA A	looigilica by til	C County Trans	Date	minuto.
This Application for Registration	n of Scho	ool Bus and						
area assigned to it by the Coun Signature - Chair, County Transport			Committee.			1	Date	
Signature Onaii, County Transport							2410	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								-	
		ven though				ilize the serv		one form for e	ach bus route that Rate Per Mile \$1.57
County Name				County Number	District	Name			Legal Entity Number
Vallouetono				56	Lluntle	v Droigot	K 12 Sabla		0983
Yellowstone Route #		Length of	f Route	(miles per day)			K-12 Schls Bus Route Mil	eage	Rated Capacity
_		76			□ Non Bus Mil Bus Route Mileage				77
5 Vehicle I.D. #			ense #		□ Bus R			listrict Own	
4408	4408 1250				□ Contra	ct - If so, Nar cted rate per	me of Owner	istrict Own	icu
Reimbursement D	istribution- En	ter the leg	al entity		e of state/co	unty reimbur		aid to each dis	strict. Note: Percentages
Legal Entity		Lec	gal Entity		natch budget Legal E			Legal Entit	ty
0983				,		,			
% 100.00	9/ 100.00		%		%			%	
PASSENGER INF	-		,,,		,,			,,	
Number of Presch	nool/Kindergart	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a			b		С
Regular (include elig	Regular (include eligible Preschool/Kindergarten			NUMBER NUMBE			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC									
Additional Wheelcha									
Non-WC IEP Lists Ti	rans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Sch miles OR nonresider agreement) (Include ineligible Pr Nonpublic School Ri	nt and no attendates	ance)						
	ders (mengible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this a	pplication for r			ool bus and state reimbu hin the transportation se					edge and belief, and the mmittee.
Signature - Chair, Bo			WIL	are adhipportunon of		- 2.g. 10 a by ti	Journay Hull	Date	
This Application fo	or Registration	of School	Bus an						CA. s within the transportation
Signature - Chair, Co	ounty Transporta	ation Commi	ittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e						one form for ea		
Due Date All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56		ey Project K-12 Schls		0983	
Route #	Length	of Route ((miles per day)	Type of	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity	
7	54			Bus R	Route Mileage	84		
Vehicle I.D. #		icense #		□ District	Owned [ct - If so, Name of Owner	District Own	ed	
7659 1621				□ Contra	cted rate per mile			
Reimbursement Distribution- En	nter the le	egal entity		e of state/co natch budget	aid to each dis	trict. Note: Percentages		
Legal Entity 0983	L	egal Entity	/	Legal E	ntity	Legal Entit	У	
% 100.00		%		%		%		
PASSENGER INFORMATION			ELEMENTARY RIDI	ERS	HIGH SCHOOL RI	DERS	TOTAL	
Number of Preschool/Kindergal riding this route	rten pupil	ls	(Grades PK-8)		(Grades 9-12		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER		c a + b	
	Regular (include eligible Preschool/Kindergarten riders)		-	HOMBER				
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	I Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinders Nonpublic School Riders (ineligible)	dance garten ride	ers)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.								
Signature - Chair, Board of Trustees	•					Date		
County This Application for Registration area assigned to it by the Coun	of Scho	ool Bus and	d State Reimbursement		accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transport	ation Com	nmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordan	nce with Tit	le 20, (Chapter 10, Part 1, MCA	A. School	district offici	al must complete	one form for e	ach bus route that
receives state rein	nbursement ev Due Dates	-	transp	ortees of another legal o	entity may County Su		ervices.		Rate Per Mile
	All Routes	•			ober 1	ρι	October 15		\$1.80
County Name				County Number	Distric	t Name			Legal Entity Number
Yellowstone				56	Hunt	ley Proje	ct K-12 Schls		0983
Route #		Length of	Route	(miles per day)	Туре	of Service	Service □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity
3		60			Bus Route Mileage			-	84
Vehicle I.D. #		Lice	nse#		☐ District Owned ☐ Contract - If so, Name of Owner			District Owr	ned
9992						acted rate			
Reimbursement D	istribution- Ent	ter the lega	l entity		e of state/onatch budg		bursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity Legal Ent			al Entity		Legal			Legal Enti	ty
0983									
% 100.00	0	9	6		%			%	
PASSENGER INF	ORMATION		1	EL EMENTA DV DIDI			HOLL COLLOCK DI	DEDO	TOTAL
Number of Presch riding this route	nool/Kindergart	en pupils		ELEMENTARY RIDI (Grades PK-8)	EKS	l F	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
				a			р		C
Regular (include elig	ible Preschool/K	indergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists To	rans as Related S	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schomiles OR nonresider									
agreement) (Include ineligible Pr									
Nonpublic School Ri	ders (ineligible)								
TOTAL RIDERS									
County Transportation We agree to super required; to provide a	on Committee. Wervision of this bua vehicle which m	Ve further ce is and bus ro neets the mi	rtify that oute by to nimum s	the route established by th t this bus transports pupils the State Superintendent; to standards as established by approved driver to operate	eligible for s o make such y the Board	chool transpo reports to th of Public Edu	ortation as defined by the State Superintendo cation, the Montana	20-10-101, MC ent and County	A. Superintendent as are
				ers to solicit students from outlined in the solicit students governing school to the solicit students from the solicit st				olding of state a	nd county reimbursement for
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
	pplication for re								edge and belief, and the
	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date							mmittee.	
This Application for area assigned to it	or Registration	of School I	Bus an						CA. s within the transportation
Signature - Chair, Co	<u> </u>							Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	ach bus route that	
Due Dates		ougn auno	portoco or amounding	Ü	nty Supt			Rate Per Mile	
All Routes				Octobe		October 15		\$1.80	
County Name			County Number		District	Name		Legal Entity Number	
Yellowstone			56		Huntle	ey Project K-12 Schls		0983	
Route #	Leng	th of Rout	e (miles per day)			Service Bus Route N		Rated Capacity	
6	55				Bus R	□ Non Bus Mil Route Mileage	eage	84	
Vehicle I.D. #		License #			□ District Owned District Owned				
4405	1251					ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	nter the	e legal enti	ntity number and percentage of state/county reimbursement to be paid to each district. Note: Perc must match budget!						
Legal Entity		Legal Ent		ust mate	Legal E		Legal Enti	ty	
0983									
% 100.00	% 100.00 %				%		%		
PASSENGER INFORMATION			EL EMENTA DV	DIDED		1110110011001	UDEDO.	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	ipils	ELEMENTARY (Grades Pl		5	HIGH SCHOOL F (Grades 9-1		TOTAL ELIGIBLE RIDERS	
			a NUMBE	· D		b NUMBER		C C	
Regular (include eligible Preschool/k	Kinderg	arten	NONBE	.K		NOWBER		a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3							
agreement) (Include ineligible Preschool/Kinderg		iders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement of this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								SA. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the	
County 1	Franst	ortation (Committee Approva	al as rec	uired in	accordance with Section	20-10-132, M	CA.	
This Application for Registration area assigned to it by the Count	of Scl	hool Bus a	nd State Reimburse						
Signature - Chair, County Transporta	ation Co	ommittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								•	
		ven thoug				ilize the serv		ne form for e	ach bus route that Rate Per Mile \$0.95
County Name				County Number	District	Name			Legal Entity Number
Yellowstone				56	Huntle	ey Project	K-12 Schls		0983
Route #		Length o	of Route	(miles per day)		Service	Bus Route Mil		Rated Capacity
12		27		□ Non Bus Mi Bus Route Mileage				ige	21
Vehicle I.D. #		Lic	ense #		□ District	Owned	C	istrict Own	ed
6560 1568					ct - If so, Nar cted rate per				
Reimbursement D				sement to be pa	id to each dis	strict. Note: Percentages			
Legal Entity Legal En 0983			gal Entity		Legal E			Legal Entit	У
% 100.00 %		%		%			%		
PASSENGER INF	-		,,,		,,			,,	
Number of Presch riding this route	nool/Kindergart	ten pupils		ELEMENTARY RIDI (Grades PK-8)	ERS	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER		C
Regular (include elig	ible Preschool/K	Kindergarter	n	NOWBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC	5)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Ti	rans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schimiles OR nonresider agreement) (Include ineligible Princlude ineligible	nt and no attendates	ance	5)						
TOTAL RIDERS									
10171211132110									
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				ool bus and state reimbu hin the transportation se					edge and belief, and the mmittee.
Signature - Chair, Bo						<u> </u>	,	Date	_
This Application for area assigned to it	or Registration	of School	l Bus and						A. within the transportation
Signature - Chair, Co								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in a receives state reimburse					strict official must complete ilize the services.			
	ue Dates: I Routes			ounty Sup	To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Huntle	ey Project K-12 Schls		0983	
Route #	Length	of Route	(miles per day)	Type of	f Service □ Bus Route M □ Non Bus Mile	•	Rated Capacity	
11	105			Bus R	toute Mileage	-	21	
Vehicle I.D. #	L	icense #		 □ District Owned □ Contract - If so, Name of Owner 				
6560				Contracted rate per mile				
Reimbursement Distribu	ution- Enter the le	egal entity		e of state/co	unty reimbursement to be p	oaid to each dis	strict. Note: Percentages	
Legal Entity Legal En		egal Entity		Legal E		Legal Entit	zy	
% 100.00		%		%		%		
PASSENGER INFORM	ATION	,,		70		7.0		
Number of Preschool/Ki riding this route	indergarten pupil	ls	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a NUMBER				С	
	Regular (include eligible Preschool/Kindergarten riders)				NUMBER		a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (Wo	C)							
Non-WC IEP Lists Trans as	Related Service							
TOTAL ELIGIBLE RIDE	ERS							
Ineligible Public School Rid miles OR nonresident and i								
agreement) (Include ineligible Preschool	ol/Kindergarten ride	ers)						
Nonpublic School Riders (in	neligible)							
TOTAL RIDERS								
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					rue and complete to the be assigned by the County Trai			
Signature - Chair, Board of			·			Date		
This Application for Reg area assigned to it by the	istration of Scho e County Transp	ool Bus and portation C	d State Reimbursement		accordance with Section eviewed and I certify that this	s bus operates		
Signature - Chair, County T	ransportation Com	nmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda					mplete one form for	each bus route that	
receives state reimbursement e		· ·	, ,			Rate Per Mile	
Due Date All Routes			ounty Suprober 1	To OPI Octobe	r 15	\$0.95	
County Name		County Number	District	Name		Legal Entity Number	
Yellowstone		56		ey Project K-12 S		0983	
Route #	Length of Route	(miles per day)	Type of	Service □ Bus R	oute Mileage us Mileage	Rated Capacity	
1	150		Bus R	oute Mileage		18	
Vehicle I.D. #	License #		□ District	Owned ct - If so. Name of O	District Ow	ned	
8542	1731			cted rate per mile			
Reimbursement Distribution- Er	nter the legal entity		e of state/co		to be paid to each d	istrict. Note: Percentages	
Legal Entity 0983	ty	Legal E		Legal En	tity		
% 100.00	% 100.00 %		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergar riding this route	rten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/liriders)	Kindergarten	NOMBER	NOWBER		VIDEIX	a · b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	lance						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
	<u> </u>						
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I certify that this application for bus operates on the route as ap							
Signature - Chair, Board of Trustees		•			Date		
This Application for Registration	n of School Bus an						
area assigned to it by the Coun- Signature - Chair, County Transport		Committee.			Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement ever					•			
Due Dates: All Routes			To Cou Octobe	inty Supt r 1	To OPI October 15		Rate Per Mile \$1.80	
County Name		County Number		District	Name		Legal Entity Number	
Yellowstone		56			nerd Public Schools		0985 0986	
	Length of Ro	oute (miles per day)		Type of	Service Bus Route Mil Non Bus Milea		Rated Capacity	
8 G. RICHARDS	90	- 4	ı		oute Mileage		89	
5293	License	÷#	 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 					
Reimbursement Distribution- Ente	er the legal e		number and percentage of state/county reimbursement to be paid to each district. Note: Permust match budget!					
Legal Entity 0985	Legal Entity Legal Entity			Legal E		Legal Entit	у	
% 76.00	% 76.00 % 24.00			%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergarte riding this route	n pupils	ELEMENTARY I (Grades Pk		5	HIGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBEF	R		b NUMBER		c a + b	
Regular (include eligible Preschool/Kir riders)	ndergarten						u 2	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related S	ervice							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., un miles OR nonresident and no attendar agreement)	nce							
(Include ineligible Preschool/Kindergar Nonpublic School Riders (ineligible)	nten nders)							
TOTAL RIDERS								
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accordance with 20-10-132, MCA. I certify that this application for repute some supplication for repute some supplication for repute some supplication.								
Signature - Chair, Board of Trustees	,				,	Date		
County Tra This Application for Registration of area assigned to it by the County	of School Bus	s and State Reimbursen			accordance with Section 2 eviewed and I certify that this			
Signature - Chair, County Transportati						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement ev							one form for ea	
Due Dates All Routes				County S tober 1	upt	To OPI October 15		Rate Per Mile \$1.80
County Name			County Number	Dist	ict Name			Legal Entity Number
Yellowstone			56	She	pherd Pu	ıblic Schools		0985 0986
Route #	Length of	Route ((miles per day)	Тур	of Service	□ Bus Route Mil□ Non Bus Milea		Rated Capacity
6 WALT RICHARDS	21.7			Bus Route Mileage			84	
Vehicle I.D. #	Lice	nse#			rict Owned	Name of Owner	District Own	ed
7488				l l	tracted rate			
Reimbursement Distribution- En	al entity		er and percentage of state/county reimbursement to be paid to each district. Note: F must match budget!					
Legal Entity 0985	Leg	al Entity	1		l Entity		Legal Entit	у
0985 0986		700						
% 73.00	q	6 27.	00	%	1		%	
PASSENGER INFORMATION			ELEMENTARY RID)ERS		HIGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)			(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/kiriders)	Kindergarten		NOMBER			HOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance							
TOTAL RIDERS								
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County	ranenorto	tion Co	mmittee Approval as	roquirod	in accords	ince with Section 1	20_10_132 MC	^^
This Application for Registration area assigned to it by the Count	of School y Transpor	Bus and tation C	d State Reimbursemen				bus operates	
Signature - Chair, County Transporta	ation Commit	tee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								-	
				Chapter 10, Part 1, MC ortees of another legal				one form for e	
	Due Dates	:			County Sup	t	To OPI		Rate Per Mile
	All Routes			Oct	tober 1		October 15		\$1.36
County Name				County Number	District	Name			Legal Entity Number
Yellowstone				56	Shep	nerd Public	c Schools		0985 0986
Route #		Length o	of Route	(miles per day)		/pe of Service ☐ Bus Route Mileage			Rated Capacity
2Prepm Cossitt	t	20		□ Non Bu Bus Route Mileage			Non Bus Milea	age	60
Vehicle I.D. #		Lic	ense #		□ Distric	t Owned		istrict Own	ied
4472	4472 205					ict - If so, Nai icted rate per	me of Owner mile		
Reimbursement Dis		ge of state/co		sement to be pa	aid to each dis	strict. Note: Percentages			
Legal Entity		Le	gal Entity		Legal E			Legal Entit	ty
0985									
% 100.00	% 100.00 %				%			%	
PASSENGER INFO	ORMATION								
Number of Prescho	ool/Kindergart	en pupils		ELEMENTARY RID (Grades PK-8)		HIG	Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a			b		С
L Regular (include eligit	ble Preschool/K	indergarte	n	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchair									
	,	Comico							
Non-WC IEP Lists Tra		Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public School miles OR nonresident									
agreement) (Include ineligible Pre	school/Kinderga	arten riders	s)						
Nonpublic School Rid	ers (ineligible)								
TOTAL RIDERS									
				the route established by the this bus transports pupils					
We agree to super	vision of this bu	us and bus	route by t	the State Superintendent; standards as established b	to make such	eports to the S	State Superintende	nt and County	Superintendent as are
Superintendent; and t	o provide a lice	nsed, qual	ified and a	approved driver to operate ers to solicit students from	such vehicle a	s required by 2		iigiiway i alioi	and the State
							nt cause for withho	olding of state a	nd county reimbursement for
We agree that if th							agreement between	en Boards, 20-	10-126(2) MCA, signed by
We understand rou	ute changes occ			e county superintendent's hool year require the filing			nd approval of the	County Transpo	ortation Committee in
	plication for re								edge and belief, and the
	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees Date								
	Registration	of Schoo	l Bus and						CA. s within the transportation
area assigned to it Signature - Chair, Cou				committee.				Date	
J ,									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Yellowstone Shepherd Public Schools 0985 0986 56 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 5 M. KUEHN 90 26 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1307 1789 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0985 0986 19.00 % % % % 81.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С NUMBER NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e Due Dates All Routes	ven thous:		oortees of another legal e		ilize the services.		ach bus route that Rate Per Mile \$1.80	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Shenh	nerd Public Schools		0985 0986	
Route #	Length	n of Route	(miles per day)		Service Bus Route M		Rated Capacity	
10 DEB COSSITT	30			Bus R	□ Non Bus Mile Soute Mileage	eage	84	
Vehicle I.D. # License #				□ District	Owned	District Own	ed	
0906	0906 410				ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- Er	nter the I	egal entity				paid to each dis	trict. Note: Percentages	
Legal Entity	_egal Enti		atch budget Legal E		Legal Entit	у		
0985)986					
% 75.00		% 25	5.00	%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a		b		C	
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg		ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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Signature - Chair, Board of Trustees		~, and WI	a and admoportation se	. noo area a	assigned by the county Irai	Date		
						00.40.40===============================		
This Application for Registration area assigned to it by the Count	of Scho ty Trans	ool Bus ar portation (nd State Reimbursement		accordance with Section eviewed and I certify that the	s bus operates		
Signature - Chair, County Transport	ation Con	nmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev		,			•				
Due Dates All Routes	s :			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		nerd Public Schools		0985 0986		
Route #	Length	n of Route	(miles per day)	Type of	Service Bus Route Mi Non Bus Mile		Rated Capacity		
1Pream Cossitt Vehicle I.D. #	32	:#		Bus Route Mileage 60					
4472		icense # 205		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile 					
Reimbursement Distribution- En	ter the I	egal entity				aid to each dis	trict. Note: Percentages		
Legal Entity 0985	Legal Entity Legal Entity			atch budget Legal E		Legal Entit	у		
% 100.00	% 100.00 %			%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergart riding this route	ten pupi	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
	a NUMB				b NUMBER		c a + b		
Regular (include eligible Preschool/K riders)	(indergar	ten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement) (Include ineligible Preschool/Kinderga	ance	ers)							
Nonpublic School Riders (ineligible)	<u> </u>	5.07							
TOTAL RIDERS									
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accordance with 20-10-132, MCA. I certify that this application for rebus operates on the route as application.									
Signature - Chair, Board of Trustees		oy and will	mi die dansportation se	1 1100 0100 0	Solgined by the County Hall	Date	minute.		
County T	raneno	rtation Co	ammittee Approval as	onuired in	accordance with Section 2	20_10_132 MAC	Δ		
This Application for Registration area assigned to it by the County	of Scho y Trans	ool Bus and portation C	d State Reimbursement			bus operates			
Signature - Chair, County Transporta	ation Con	nmittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Yellowstone Shepherd Public Schools 0985 0986 56 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 3 KAREN BOMAR 89 32 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 3231 1534 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0985 0986 % % % % 84.00 16.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

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Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Date All Routes				County Supober 1	t To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56		nerd Public Schools		0985 0986		
Route #	Length of	Route ((miles per day)	Type o	f Service ☐ Bus Route Mi ☐ Non Bus Mile		Rated Capacity		
Sped1	16			Bus F	Route Mileage	-	16		
Vehicle I.D. #	Licer	ise#		□ District	t Owned [lct - If so, Name of Owner	District Own	ed		
8469					cted rate per mile				
Reimbursement Distribution- Er	nter the lega	l entity		e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity	Lega	al Entity		Legal E		Legal Entit	у		
0905	0985								
% 100.00	%	, D		%		%			
PASSENGER INFORMATION		T	ELEMENTARY RIDI	EDS	HIGH SCHOOL RI	INEDS	TOTAL		
Number of Preschool/Kindergar riding this route	ten pupils		(Grades PK-8)	LNO	(Grades 9-12		ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/liriders)	Kindergarten						ŭ 2		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
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Signature - Chair, Board of Trustees	; <u> </u>					Date			
This Application for Registration area assigned to it by the Count	of School E ty Transport	Bus and ation C	State Reimbursement		accordance with Section 2 eviewed and I certify that this	s bus operates			
Signature - Chair, County Transport	ation Committ	ee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in a receives state reimburse								ne form for ea	ach bus route that
	e Dates: Routes			o Cou October	nty Supt		o OPI October 15		Rate Per Mile \$1.80
County Name			County Number		District	Name			Legal Entity Number
Yellowstone			56		Sheph	erd Public	Schools		0985 0986
Route #	Len	gth of Route	(miles per day)		Type of		Bus Route Mile	-	Rated Capacity
4 CHERYL HLEBACHUK	45.	4		Bus Route Mileage			84		
Vehicle I.D. #	License #			☐ District Owned ☐ District Owned ☐ Contract - If so, Name of Owner					ed
0907	1410					ct - if so, Name cted rate per m			
Reimbursement Distribution- Enter the legal entity number and per					state/co		ement to be pai	id to each dis	strict. Note: Percentages
Legal Entity Union 1			ty	st matci	Legal E			Legal Entit	у
% 85.00		% 15	5.00		%			%	
PASSENGER INFORMA	ATION		EL EMENTA DV D	UDED.		111011	2011001 DID	EDO	TOTAL
Number of Preschool/Kir riding this route	ndergarten pu	upils	ELEMENTARY R (Grades PK-		5		SCHOOL RID (Grades 9-12)	PERS	TOTAL ELIGIBLE RIDERS
	a NUMBI			b ER NUMBE			b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC	:)								
Non-WC IEP Lists Trans as	Related Service	ce							
TOTAL ELIGIBLE RIDE	RS								
Ineligible Public School Ride miles OR nonresident and nagreement)		3							
(Include ineligible Preschool Nonpublic School Riders (in		riders)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of		a by allu Wil	umi uie uarisportation	1 201 110	e aita a	ssigned by the	County Halls	Date Date	ininitee.
C	nunty Trans	nortation C	ommittee Approval a	as rec	uired in	accordance u	ith Section 20)_10_132 M/C	:Δ
	stration of Sc	chool Bus an	nd State Reimburseme						within the transportation
Signature - Chair, County Tr			COMMUNICE.					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda								one form for ea	ach bus route that
receives state reimbursement e	ven m	ougn tra	risportees of anothe	er iegai eriti	ily may uli	ilize the servic	Jes.		Rate Per Mile
Due Dates All Routes				To Cou Octobe	inty Supt er 1		To OPI October 15		\$1.80
County Name			County Numb	er	District	Name			Legal Entity Number
Yellowstone			56			nerd Public	Schools		0985 0986
Route #	Leng	th of Ro	ute (miles per day)		Type of		Bus Route Mil Non Bus Milea		Rated Capacity
2 DARIN STEINER	45				Bus Route Mileage				84
Vehicle I.D. #		License	#	□ District Owned District					ed
0787		5	□ Contract - If so, Name of Owner□ Contracted rate per mile						
Reimbursement Distribution- En	iter the	e legal ei	ntity number and pe				ement to be pa	aid to each dis	trict. Note: Percentages
Legal Entity Legal Enti			entity 0986	must mate	Legal Er			Legal Entit	У
% 73.00		%	27.00		%			%	
PASSENGER INFORMATION				DV DIDES			10011001 5::	DEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	ipils	ELEMENTA (Grades		S	HIGH	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUM				b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kinderg	arten							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	aneni	ideis)							
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this bi required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts shift we understand route changes of accordance with 20-10-132, MCA.	We furt us and meets t ensed, iciting of the law as district all be a curring	ther certify bus route the minim qualified a creating reads of the creating the cre	that this bus transport by the State Superint um standards as estat and approved driver to others to solicit studer regulations governing d transports students o the county superinte e school year require to	rts pupils elig tendent; to m blished by the operate suc- ents from othe g school tran from outside endent's copy the filing of a	ible for sch ake such re e Board of h vehicle as er transport sportation v the district y of this doo in amended	ool transportation ool transportation to the Standard Full Education areas. Will be sufficient to a copy of the accument. If TR-1 form and	on as defined by ate Superintende in, the Montana in 0-10-103, MCA. It cause for withhous agreement between disapproval of the	20-10-101, MC, and and County Shighway Patrol and County Shighway Patrol and County Shighway Patrol and County Transport	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in
I certify that this application for r bus operates on the route as ap									
Signature - Chair, Board of Trustees		-	•			-	·	Date	
County T	ransp	ortation	n Committee Appro	oval as rec	quired in a	accordance v	with Section 2	20-10-132, MC	A.
This Application for Registration area assigned to it by the Count	of Sc	hool Bus	and State Reimbur						
Signature - Chair, County Transporta	ation Co	ommittee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name Yellowstone Shepherd Public Schools 0985 0986 56 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 1 R.MUILENBURG 84 43 Bus Route Mileage Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 4980 1059 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0985 0986 % % % 73.00 % 27.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + h Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev							one form for e	ach bus route that
Due Dates All Routes	::			Coun	nty Supt	To OPI October 15		Rate Per Mile \$1.80
County Name			County Number		District	Name		Legal Entity Number
Yellowstone			56			nerd Public Schools		0985 0986
Route #	Length of	of Route (miles per day)		Type of	Service Bus Route Mil Non Bus Miles		Rated Capacity
9 MIKE MATTFELDT	38				Bus R	oute Mileage	-	84
Vehicle I.D. #	Lic	cense #			District	Owned E ct - If so, Name of Owner	District Own	ed
7073		254			Contra	cted rate per mile		
Reimbursement Distribution- En	gal entity			state/co		aid to each dis	strict. Note: Percentages	
Legal Entity 0985	Le	egal Entity	1		Legal E		Legal Entit	ty
0903	0985 0986							
% 71.00		% 29.	00		%		%	
PASSENGER INFORMATION			ELEMENTARY RIC	DERS		HIGH SCHOOL RI	DEDS	TOTAL
Number of Preschool/Kindergart riding this route	en pupils	6	(Grades PK-8			(Grades 9-12		ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/K riders)	indergarte	en	HOMBER			HOMBER		4 1 5
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda agreement)	ance	,						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten rider	rs)						
TOTAL RIDERS								
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Signature - Chair, Board of Trustees							Date	
County T This Application for Registration area assigned to it by the County	of Schoo	ol Bus and	State Reimbursemer			accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transporta	tion Comn	mittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This faces is assumed to accord		T:41- 00	Object and Deat 4 MOA	0 - 1 1 - 1'	-t.:-t - 6 6:-:-1t	6 6			
This form is required in accordance receives state reimbursement evaluations.						one form for ea	ach bus route that		
Due Dates			To C	ounty Sup	t To OPI	1	Rate Per Mile		
All Routes				ber 1	October 15	:	\$1.80		
County Name			County Number	District	Name		Legal Entity Number		
,				Chank	aard Dublia Cabaala				
Yellowstone Route #	Length	of Route	e (miles per day)		nerd Public Schools Service Bus Route Mi	leage	0985 0986 Rated Capacity		
7 P. RESCH	52			□ Non Bus Mileag			84		
Vehicle I.D. #		icense #		☐ Bus R	Coute Mileage	District Own	•		
4178 425				□ Contra	ct - If so, Name of Owner	JISTI ICT OWIN	cu		
					cted rate per mile				
Reimbursement Distribution- En	iter the l	egal entit		e of state/co atch budget		aid to each dis	trict. Note: Percentages		
Legal Entity Lega 0985			tity	Legal E		Legal Entity	У		
0905			0986						
% 86.00		% 1	4.00	%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergar	ten pupi	ls	ELEMENTARY RIDE (Grades PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
riding this route			(3.4433 : 113)		(0.0000 0 .2	,			
			а		b		С		
Regular (include eligible Preschool/Kindergarten			NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
, ,									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg		222)							
Nonpublic School Riders (ineligible)	janten nut	515)							
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee. \	We furthe	er certify th	nat this bus transports pupils e	ligible for sch	nool transportation as defined by	, 20-10-101, MC	Α.		
We agree to supervision of this be required; to provide a vehicle which is									
Superintendent; and to provide a lice We also agree to refrain from soli									
We understand that violations of this bus route.	the laws,	rules or re	egulations governing school tr	ansportation	will be sufficient cause for withh	olding of state ar	nd county reimbursement for		
We agree that if this route crosse the school boards of both districts sh			•		, 1,	een Boards, 20-1	10-126(2) MCA, signed by		
We understand route changes or accordance with 20-10-132, MCA.						County Transpo	rtation Committee in		
I certify that this application for r	certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
bus operates on the route as ap Signature - Chair, Board of Trustees		by and w	ritnin the transportation se	rvice area a	ssigned by the County Tran	sportation Con Date	nmittee.		
					accordance with Section				
This Application for Registration area assigned to it by the Count				nas been re	eviewed and i certify that this	s bus operates	within the transportation		
Signature - Chair, County Transporta	ation Com	nmittee				Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that	
Due Dates		. J	· ·	County Sup			Rate Per Mile	
All Routes				ober 1	October 15		\$1.36	
County Name			County Number	District	Name		Legal Entity Number	
Yellowstone			56	Pione	er Elementary		0987	
Route #	Lengtl	h of Route	(miles per day)		f Service Bus Route Mi	-	Rated Capacity	
1	15.4			Rus F	□ Non Bus Milea Route Mileage	age	66	
Vehicle I.D. #		icense #		1	<u> </u>	District Own		
4085					act - If so, Name of Owner acted rate per mile			
Reimbursement Distribution- En	iter the	legal entity		e of state/co		aid to each dis	trict. Note: Percentages	
Legal Entity		Legal Entit		Legal E		Legal Entit	у	
0987								
% 100.00		%		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar riding this route	ten pup	ils	ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
			a		b		C	
Regular (include eligible Preschool/h	 Kindergai	rten	NUMBER		NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg	arten rid	ers)						
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County 1 This Application for Registration					accordance with Section 2			
area assigned to it by the Count	y Trans	portation C		. Has Deell It	Sviewed and reciting that this		wallin the transportation	
Signature - Chair, County Transporta	ation Cor	mmittee				Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement events.							one form for e	ach bus route that
Due Dates	ŭ	·	· ·	ounty Supt		To OPI		Rate Per Mile
All Routes			Octob			October 15		\$1.36
County Name			County Number	District	Name			Legal Entity Number
Yellowstone			56	Pione	er Eleme	ntary		0987
Route #	Length of	Route	(miles per day)		Service	□ Bus Route Mil	-	Rated Capacity
3	32.5			Bus R	oute Mile	□ Non Bus Milea eage	age	66
Vehicle I.D. #	Licer	ise#		□ District	Owned		District Own	ed
4085	268				ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	ter the lega	l entity		of state/co		ursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity		Legal E			Legal Entit	ty
0987								
% 100.00	9/	, 0		%			%	
PASSENGER INFORMATION				26	1	CH COHOOL D	DEBC	TOTAL
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDEI (Grades PK-8)	45	HI	GH SCHOOL RI (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/K riders)	(indergarten		Nomber			NOMBLIX		a s
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attenda								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as ap	proved by a					•	sportation Co	9
Signature - Chair, Board of Trustees							Date	
This Application for Registration area assigned to it by the Count	of School E y Transport	Bus and ation C					bus operates	
Signature - Chair, County Transporta	ation Commit	ee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

I his form is required in accorda receives state reimbursement e Due Date: All Routes	ven thous:		ortees of another leg		may utilize the s			Rate Per Mile \$1.15
County Name			County Number	I	District Name			Legal Entity Number
Yellowstone			56		Pioneer Elem	entary		0987
Route #	Length	n of Route	(miles per day)		Type of Service	□ Bus Route Mi		Rated Capacity
2	18.4			□ Non Bus Mileage Bus Route Mileage				54
Vehicle I.D. #		icense #			District Owned		District Own	
4480	3	3392			Contract - If so, Contracted rate	Name of Owner		
Reimbursement Distribution- Er	nter the I	egal entity		ntage of s	state/county reim		aid to each dis	trict. Note: Percentages
Legal Entity	L	_egal Entity		st match	budget! _egal Entity		Legal Entit	v
0987			,					
% 100.00		%			%		%	
PASSENGER INFORMATION				_				
Number of Preschool/Kindergar riding this route	ten pupi	ils	ELEMENTARY F (Grades PK			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER	₹		b NUMBER		c a + b
Regular (include eligible Preschool/Friders)	Kindergar	ten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	ers)						
TOTAL RIDERS								
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I certify that this application for bus operates on the route as ap	proved l						sportation Cor	
Signature - Chair, Board of Trustees	3						Date	
This Application for Registration area assigned to it by the Count	of Scho ty Trans	ool Bus and portation C						
Signature - Chair, County Transport	ation Con	nmittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that		
Due Dates	Ū		ŭ	County Sup			Rate Per Mile		
All Routes				ober 1	October 15		\$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56	Indep	endent Elementary		0989		
Route #	Length o	f Route	(miles per day)		f Service Bus Route Mi		Rated Capacity		
1	80.8			Rue F	□ Non Bus Mile Route Mileage	age	65		
Vehicle I.D. #	<u> </u>	ense #		1 .		Contractor C			
0406				☐ Contract - If so, Name of Owner ☐ Contracted rate per mile					
Reimbursement Distribution- Er	nter the leg	al entity		e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity	Le	gal Entity		Legal E		Legal Entity	у		
0989									
% 100.00		%		%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RID (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a		b		C		
Regular (include eligible Preschool/h	 Kindergarter	n	NUMBER		NUMBER		a + b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend									
agreement) (Include ineligible Preschool/Kinderg	garten riders	s)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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This Application for Registration	of School	l Bus and	d State Reimbursemen		accordance with Section 2 eviewed and I certify that this				
area assigned to it by the Count Signature - Chair, County Transport			Committee.			Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates: All Routes				ounty Sup ber 1	To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	District Name			Legal Entity Number		
Yellowstone			56 Yellowstone Academy E				1196		
Route #	Length of Route		(miles per day)	Type of	Service □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity		
2 West	90			Bus R	oute Mileage		21		
	hicle I.D. # License #			 □ District Owned □ Contract - If so, Name of Owner 					
6005	86	Contracted rate per mile				triat Natas Danasatana			
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage must match budget!									
Legal Entity Legal E			Entity Legal Entity		ntity	Legal Entity			
% 100.00	% 100.00 %			%		%			
PASSENGER INFORMATION			ELEMENTA DV DIDE	-D0	LIIOLI OOLIOOL BI	DEDO	TOTAL		
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Ki riders)	Regular (include eligible Preschool/Kindergarten		NOMBLA		TOMBLIX		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)									
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees						Date			
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the translarea assigned to it by the County Transportation Committee.									
Signature - Chair, County Transportation		ommuce.			Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.									
Due Dates: All Routes				County Sup ober 1	t To OPI October 15		Rate Per Mile \$0.95		
County Name			County Number	District	Name		Legal Entity Number		
Yellowstone			56 Yellowstone Acade		vstone Academy Elem		1196		
Route #	Length of Ro		te (miles per day) Type		/pe of Service □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity		
1 East	90			Bus F	Route Mileage		15		
/ehicle I.D. # License # 5885				☐ District Owned ☐ Contract - If so, Name of Owner ☐ Contract and pate non-mile					
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage:									
		Legal Entit	must match budget!			Legal Entity			
Legal Entity Legal		Legal Entit	entity		egal Entity Legal Ent		y		
% 100.00	% 100.00 %		%			%			
PASSENGER INFORMATION									
Number of Preschool/Kindergarten pupils riding this route		pils	ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten riders)		arten	NOWBER		NOMBER		a · b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service		9							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)									
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees						Date			
County Transportation Committee Approval as required in accordance with Section 20-10 This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus area assigned to it by the County Transportation Committee.									
Signature - Chair, County Transportation Committee						Date			